

Case Number:	CM15-0083275		
Date Assigned:	05/05/2015	Date of Injury:	01/29/2014
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female patient who sustained an industrial injury on 01/29/2014. The patient described multiple dates of injury going back as far as 01/2003, another in 01/2007, 09/2011 and lastly 01/29/2014. All of the injuries reported left ankle/foot and knee complaints. Treatment modalities are to include: modified work duty, soft cast, physical therapy sessions, aqua therapy, chiropractic therapy, acupuncture sessions, A primary treating office visit dated 11/20/2014 reported the patient with subjective complaint of left ankle pain. She presents for administration of injection. The diagnoses remain the same. The plan of care noted: continuing with modified work duty, and follow up in 4 weeks. A more recent primary treating office visit dated 02/04/2015 reported the patient with subjective complaint of having had no significant improvement since the last visit. She received an injection to the left ankle with no relief of symptom. At this time there is pending physical therapy authorization. She continues with left ankle and knee pain. The impression noted: sprain of knee, strains/strains of ankle, and current tear of cartilage or meniscus of knee not classified. The plan of care involved: continue medications, recommending podiatry consultation, refilled Tramadol. She is to follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orphenadrine ER 100MG #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is a muscle relaxant. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient is not experiencing an acute exacerbation of chronic low back pain. In addition, the requested quantity of medication is sufficient for 60 days. This surpasses the recommended short-term duration of two weeks. The request is not medically necessary.