

Case Number:	CM15-0087545		
Date Assigned:	05/11/2015	Date of Injury:	08/16/2005
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 8/16/05. He reported a low back injury after falling off a truck. The injured worker was diagnosed as having lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbago. Treatment to date has included partial laminectomy bilaterally at L4-L5, physical therapy, oral medications including opioids, a cane for ambulation, massage therapy, TENS unit, chiropractic treatments and acupuncture. Currently, the injured worker complains of chronic low back pain with radiation down bilateral lower extremities. The pain is associated with numbness, weakness, cramping and tingling in bilateral lower extremities and the pain is rated 8-9/10. He has not worked since 9/23/05. Physical exam noted lumbar surgical well-healed scar, tenderness to palpation along bilateral mid to lower lumbar paraspinal muscles with full range of motion. The treatment plan included refilling of Percocet and Norflex, continuation of Prilosec and Colace, trial of LidoPro cream, follow up appointment and request for authorization for Orphenadrine citrate, LidoPro cream, interlaminar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the orphenadrine specifically. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine (Norflex) is not medically necessary.