

Case Number:	CM15-0239564		
Date Assigned:	12/16/2015	Date of Injury:	02/13/2002
Decision Date:	01/21/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/08/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old female, who sustained an industrial injury on 2-13-2012. The injured worker is undergoing treatment for: cervical spine and thoracic spine and left upper extremity pain. The treatment and diagnostic testing to date has included: medications, at least 6 sessions of chiropractic therapy, at least 12 sessions of physical therapy, hot packs, TENS unit, cervical spine x-rays (10-23-15), thoracic spine x-rays (10-23-15), MRI of cervical spine (8-28-12), electrodiagnostic studies (5-23-12). Medications have included: ibuprofen, Flexeril and voltaren. On 10-23-15, she reported pain to the neck, back, and left upper extremity. She rated her pain level 7 out of 10, and indicated her pain to radiate into the left upper extremity down to the fingers, and decreased sensation in the fingertips. She also reported having occasional headaches. Physical examination revealed a normal gait, tenderness in the cervical paraspinal muscles, bilateral trapezius muscles and spasms noted in the bilateral trapezius; thoracic spine and bilateral rhomboids are indicted to have tenderness; negative spurling's maneuver, and positive cervical facet loading bilaterally, decreased ranges of motion of the cervical and thoracic spines; decreased sensation of the left C7 dermatome, and decreased motor strength in the left biceps, triceps and left wrist flexion and left hand grip. Current work status: "permanent and stationary, pending record review". The request for authorization is for: Orphenadrine citrate 100mg ER. The UR dated 11-30-2015: non-certified the request for Orphenadrine citrate 100mg ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Orphenadrine is classified as a muscle relaxant per MTUS. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The FDA in 1959. Side approved this drug Effects: Anticholinergic effects (drowsiness, urinary retention, 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. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long-term use of muscle relaxants. Medical records do not indicate the how long the patient has been on this medication. The treating physician has provided documentation of acute muscle spasms, has provided documentation of trials and failures of first line therapies. As such, the request for Orphenadrine is medically necessary.