

Case Number:	CM14-0115728		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2011
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury on 10/12/2011. The mechanism of injury was noted to be repetitive motion. She is diagnosed with carpal tunnel syndrome and pain in shoulder joint. Her past treatments have included physical therapy, splinting, steroid injections, topical analgesics, oral medications, and surgery. On 06/27/2014, the injured worker presented for follow-up of her chronic upper extremity and left shoulder pain. It was noted that she continued with use of her medications which provided 40% to 50% pain relief without side effects. Her physical examination revealed normal muscle tone in the bilateral upper extremities and no swelling. On 08/04/2014, a PO letter indicated that she had significant tenderness to palpation over the rotator cuff muscles of the left shoulder. It was also noted that she had previously tried Flexeril which caused drowsiness. Therefore, she was switched to Norflex which helped to reduce her pain and improve her function. It was further stated that without this medication, the injured worker would suffer from increased muscle tension causing her to increase her other medications. Her medications were noted to include capsaicin cream, Relafen, Tramadol, Orphenadrine, clonazepam and Topiramate. A request was received for Orphenadrine. The rationale for this medication was to decrease her pain and increase her function as well as to treat muscle tension and spasm. The Request for Authorization form was submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term use. The guidelines further state that muscle relaxants may be effective in reducing pain in muscle tension, and increasing mobility. The clinical information submitted for review indicates that the injured worker has taken Orphenadrine since at least 04/18/2014 and has reported decreased and increased function with use. It was also noted that she denied adverse effects with use of this medication. The documentation also indicates that she takes it only on an as needed basis and has had significant benefit. Based on this information, continued use of Orphenadrine may be supported. However, the documentation did not indicate that she had tried and failed an immediate release version of Orphenadrine over an extended release version. In addition, the request as submitted failed to include a frequency or instructions for use. Consequently, the request is not medically necessary.