

Case Number:	CM14-0115846		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2011
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old man who sustained a work related injury on November 1, 2011. Subsequently, he developed left ankle and back pain. According to a progress report dated April 24, 2014, the patient continued to have significant left ankle pain, cramping, instability, and soreness associated to increased back pain. His physical examination of the lumbar spine revealed paravertebral muscles tenderness with reduced range of motion. Spasm is present. Sensation is reduced in the left foot. Sensation is reduced in the left L5 dermatomal distribution. Range of motion is restricted. Straight leg raising test is positive on the left. Examination of the left ankle revealed joint line tender to palpation. Joint effusion was noted. Prior treatment has included acupuncture sessions, chiropractic treatments, physical therapy for the back, and medications (Omeprazole, Orphenadrine, Medrox, Norco, and Naproxen). The patient was diagnosed with lumbar radiculopathy, derangement of joint of ankle and foot, anxiety disorder, and gastroduodenal disorders. A progress report dated May 1, 2014 noted that the patient continued to have pain. His pain was rated 7/10. However, his medications were not effective. The patient was diagnosed with posterior tibial tendon dysfunction, internal derangement of the ankle joint mortise, internal derangement of the subtalar joint and significant instability of the ankle causing secondary knee pain bilateral. The provider requested authorization for Orphenadrine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg Tablet SIG Quantity 60 Refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, and Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100mg is not medically necessary.