

Case Number:	CM14-0125073		
Date Assigned:	08/11/2014	Date of Injury:	07/29/2012
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Tennessee. 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 23-year-old female who has submitted a claim for protrusion at T8-9 and T11-12 with neural encroachment, Thoracic spondylosis; cervical pain with upper extremity symptoms, and bilateral knee pain, associated with an industrial injury date of 07/29/14. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a meat clerk. She said she had bent over a tank when she thought she pulled a muscle, and felt sharp pain all over when she tried to stand back up. Patient was treated with analgesics, physical therapy and acupuncture. An 08/08/14 progress report showed patient had persistent pain as follows: 6/10 thoracic pain, 6/10 cervical pain with upper extremity symptoms worse at the right graded 5/10 in severity, 5/10 right knee pain and 5/10 left knee pain. Patient reports that her medications allow her to perform her ADLs (activities of daily living) which she was not able to do prior to the medications. Patient also reports improved ROM (range of motion) and greater tolerance to exercise and recommended activity level. She notes an additional 4 point decrease out of a scale of 10 in pain with greater ROM and exercise tolerance with use of hydrocodone. There was likewise a 2-3 point decrease on a scale of 10 with regards to her average pain level and a reduction in muscle spasm with the use of cyclobenzaprine. Of note was her report that spasm was refractory to activity modification, stretching, TENS, home exercise and cold/heat. No note of side effects reported with medication use. Patient noted to be compliant with medications and pain contract was reviewed. On physical exam, tenderness at the cervical and thoracic spine area was noted, with limited ROMs and tenderness of bilateral knee with note of crepitations when performing ROMs. Plan was to continue medications and was advised to perform home exercises. Treatment to date has included acupuncture, physical therapy and medications (Hydrocodone and Pantoprazole from at least 05/21/14, orphenadrine from at least 05/21/14 to 06/31/14 and cyclobenzaprine from 07/09/14 to at least 08/08/14). Utilization

review date of 07/25/14 denied the request for orphenadrine because there was no noted rationale for using it concurrently with the use of cyclobenzaprine, to which benefit of use was noted. It also denied the request for cyclobenzaprine because it was recommended only for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: As stated on page 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, orphenadrine is an antispasmodic drug similar to diphenhydramine, but has greater anticholinergic effects whose mode of action is not clearly understood and is used to decrease muscle spasm in conditions such as low back pain. Effects are thought to be secondary to its analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Also, the addition of cyclobenzaprine to other agents is not recommended. In this case, orphenadrine was initially used from 05/21/14 and was discontinued around 06/13/14. It was then shifted to cyclobenzaprine, which patient noted helped with the spasm and was beneficial in reducing her pain. There was no rationale for the decision to use orphenadrine with cyclobenzaprine, nor is there any noted benefit of using both these medications concurrently to relieve patient's symptoms. It is likewise noted to have a potential for abuse. Therefore, the request for Orphenadrine 100mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: As stated on pages 64 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants that is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It is recommended for a short course of therapy of not more than 2-3 weeks. Limited, mixed-evidence does not allow for a recommendation for its chronic use and the greatest effect appears to be in the first 4 days of treatment. In this case, patient was started on cyclobenzaprine since at least 07/09/14. Although benefit in the form of reduction in the spasm and reported pain which allows her to perform her ADLs were noted with its use, it is not recommended to be used

beyond 3 weeks. Also, there was no further improvement in patient's self-reported pain severity in the course of subsequent follow-up after initiating cyclobenzaprine use. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.