

Case Number:	CM14-0126470		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2013
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/09/2014

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 Internal Medicine and is licensed to practice in California. 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 32 year old male injured on 06/10/13 when bending down to pick up a waste basket he felt a sharp pain in the middle of the low back. Subsequent diagnoses included lumbar strain, L4-5 HNP, and bilateral L5 spondylosis with anterior listhesis with broad based HNP left of midline with mild central canal stenosis and left foraminal stenosis. The injured worker underwent physical therapy and medication management with a slight improvement in low back complaints with radiation to the right lower extremity. The clinical note dated 05/12/14, indicated the injured worker presented complaining of low back pain rated at 6/10 with spasms in the musculature of the lower lumbar spine with decreased sensation/numbness in the left lower extremity. Physical examination revealed tenderness to palpation midline and paraspinal musculature, positive paraspinal muscle spasm with no sign of infection, minimal swelling, and negative Fabre test bilaterally, and limited range of motion of the lumbar spine. Examination of the lower extremity revealed sensation decreased in the left L4 and L5 distribution, 5/5 motor strength bilaterally, 2+ and symmetrical deep tendon reflexes, Babinski's absent bilaterally, and no clonus to the bilateral lower extremities. Medications included Diclofenac 15mg slightly effective in decreasing the injured worker's pain. Treatment plan included requests for a lumbar epidural steroid injection, laboratory studies, Norflex 100mg 1 tablet BID PRN, and Norco 10/325mg 1 tablet TID PRN. The physical examination performed on 06/12/14 revealed tenderness to the lumbar paraspinal musculature, mild swelling, limited range of motion in all planes in the lumbar spine, diminished sensation left in L4 and L5 dermatomal distributions, no motor deficit appreciated, mildly antalgic gait, and spasm of the lumbar paraspinal musculature. Medications included Tramadol ER, Naproxen Sodium, Pantoprazole, Hydrocodone, and Orphenadrine. The initial request for Orphenadrine 100mg #60 BID PRN was initially non-certified on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60 BID prn: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, this request is not medically necessary.