

Case Number:	CM14-0155602		
Date Assigned:	09/25/2014	Date of Injury:	11/01/1993
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational 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:

This injured worker is a 57 year old man involved in a work related injury from 11/1/93. The injured worker has chronic low back pain and knee pain. The injured worker was receiving morphine and Norco from a pain management specialist, but was also under the care of an orthopedist. There is a 5/21/14 orthopedic note stating the injured worker had low back pain and knee pain. On exam, there was limited range of motion (ROM) and medial tenderness to the knees. The injured worker was prescribed Diclofenac and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60, DOS: 05/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The injured worker has ongoing musculoskeletal pain. The use of a non-steroidal anti-inflammatory medication is a standard in the treatment of musculoskeletal pain. The continued use of this drug, however, is not indicated. There is no data that the injured worker is deriving benefit with the use of this drug, and we note continued use of powerful

narcotic drugs such as Norco and Morphine. Given this, there is no indication for the use of the Diclofenac at this time.

Orphenadrine 100mg #60, DOS: 05/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: This is a muscle relaxant. There is no indication that the injured worker has any muscular pathology. Exam findings do not document muscle spasms or other muscle problems. In addition, guidelines do not support the use of muscle relaxant drugs for chronic use. Given this, noting no clear indication for the use of this drug based on the clinical data presented for review, the request for Orphenadrine is not medically necessary.