MAXIMUS Federal Services

Case Number:	CM14-0162474		
Date Assigned:	10/08/2014	Date of Injury:	12/02/2003
Decision Date:	11/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63 year old male who reported an injury on 12/02/2003. The mechanism of injury was not found in the provided documentation. He was diagnosed with joint pain, lumbosacral spondylosis without myelopathy, degeneration of cervical intervertebral disc, neck pain, sciatica, muscle weakness, abnormal reflex, lumbar sprain, and degeneration of intervertebral disc. His past treatments included physical therapy and medications. He had x-rays and MRI's done. The injured worker had a cervical fusion done in 2009 and an acromiomectomy of the left shoulder in 1978. On 08/28/2014, he complained of neck and low back pain. He stated that he had a bad bout of vertigo five months ago which stopped his exercising and stated that his neck pain is getting worse. The injured worker stated no arm radiculopathy but feels weakness. Stated that he is not dropping things and no balance issues except with the vertigo. On physical examination, the injured worker had no ecchymosis or swelling and had normal alignment on the lumbar spine. No tenderness to hip on palpation. Flexion and extension were normal and no pain with motion. He has taken Orphenadrine citrate ER 100mg twice a day, Pantoprazole 40mg as needed at bedtime, Anaprox DS 550mg every 12 hours, and Gabapentin 300mg twice a day. The duration of the medications was not provided in the documentation. Request received for Orphenadrine citrate ER 100mg #60.The rationale for the medication and the Request for Authorization was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Orphenadrine citrate ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The request for Orphenadrine citrate ER 100mg #60 is not medically necessary. He complained of neck and low back pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option with a short-term use to treat acute exacerbations in patients with chronic low back pain. However, in most of the low back pain cases, muscle relaxants show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The documentation submitted for review did state that the injured worker's neck pain is getting worse. However, there was no quantified information regarding how long he had been taking this medication and a detailed assessment of the pain relief with this medication. In the absence of this documentation, the ongoing use of Orphenadrine citrate ER is not supported by the guidelines. As such, the request is not medically necessary.