

Case Number:	CM14-0099121		
Date Assigned:	07/28/2014	Date of Injury:	10/09/2013
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 has a subspecialty in Pain Management and is licensed to practice in New York. 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 27 year old male injured on 10/09/13 when attempting to lift a generator weighing approximately 200 pounds from waist level to the ground when felt a pinching sensation in the low back. Diagnoses included possible lumbar spine disc herniation, sprain to the lumbar spine and lumbosacral neuritis. Prior treatment included chiropractic tear, diagnostic examination, and medication management. Clinical note dated 05/08/14 indicated the injured worker presented complaining of ongoing low back pain radiating with stabbing pain, numbness and cramping to the right lower extremity into the calf. The injured worker rated the pain 8/10 increased with prolonged walking and sitting. The injured worker attended one session of chiropractic therapy reported increase in pain. Physical examination revealed right sided scoliosis in the lumbar spine, normal gait, normal heel and toe walk, tenderness to palpation lumbar midline, right paraspinal and right sacroiliac joint, sensation intact to bilateral lower extremities, 5/5 motor strength, reflexes normal bilaterally, straight leg raise positive on the right. The injured worker reported no longer utilized ibuprofen due to lack of efficacy, Ketoprofen, Norco, and Flexeril utilized previously. The injured worker reported that the muscle relaxer decreased the pain and increased functional capacity. The initial request for Orphenadrine citrate 100mg ER #60 was non-certified on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Disorders Skeletal Muscle Relaxants.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63. The Expert Reviewer's 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. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Orphenadrine Citrate 100mg ER #60 cannot be established at this time.