

Case Number:	CM14-0218562		
Date Assigned:	01/08/2015	Date of Injury:	08/29/2013
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is female worker with a work related injury dated August 29, 2013. At the physician's visit dated November 4, 2014 the worker was complaining of extreme constant pain and the worker reported that Ultram helped significantly with the ability to sleep at night and allows her to be more mobile throughout the day. The documentation reflected the worker had tried Lyrica and Nortriptyline but was unsuccessful with controlling the pain. Diagnoses at this visit included neck pain with associated tension headaches as well as right shoulder pain. Treatment plan at this visit included Ultram by mouth one every six hours for pain. The plan was to taper down medications without side effects. The utilization review decision dated December 12, 2014 non-certified the request for Orphenadrine Citrates 100mg, thirty count. The rationale for non-coverage was based on the CA MTUS Guidelines for Opioids for Chronic Pain. This medication is limited to short-term pain relief and long-term use, greater than 16 weeks is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of an alternate therapy. There was no evidence to recommend one opioid over another. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations. In most cases of low back pain, there were no measurable benefits beyond non-steroidal anti-inflammatory in pain and overall improvement. The opioid request in this case appeared to be short term and was therefore approved. The request for muscle relaxant appeared to be long-term and was therefore not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrates 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm.