

Case Number:	CM15-0108744		
Date Assigned:	06/15/2015	Date of Injury:	11/03/2010
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 11/03/2010. The injured worker is currently not working. The injured worker is currently diagnosed as having status post anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7, cervical radiculopathy, herniated nucleus pulposus of lumbar spine with stenosis, adhesive capsulitis to left shoulder, and facetogenic low back pain. Treatment and diagnostics to date has included bilateral lumbar facet medial branch block, cervical spine surgery, and medications. In a progress note dated 11/10/2014, the injured worker presented with complaints of neck, mid back, and low back pain. Objective findings include decreased cervical and lumbar spine range of motion. The treating physician reported requesting authorization for Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p 63 (2) Orphenadrine, p 65.

Decision rationale: The claimant sustained a work-related injury in November 2010 and continues to be treated for neck, mid back, and low back pain. Muscle relaxants have included Norflex, Tizanidine, and Flexeril. When wean, there was decreased cervical and lumbar spine range of motion with decreased upper extremity sensation and decreased lower extremity strength. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and muscle relaxants are being prescribed on a long-term basis. It was therefore not medically necessary.