

Case Number:	CM15-0113335		
Date Assigned:	06/19/2015	Date of Injury:	10/14/1996
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

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 50 year old female, who sustained an industrial injury on 10/14/96. She reported injury to her lower back, left leg, left ankle and left foot. The injured worker was riding in a golf cart when it struck a fire hydrant and caused a deep laceration and fracture to the left leg. The injured worker was diagnosed as having lumbago, fracture of fibula and chronic pain syndrome. Treatment to date has included Hydrocodone, Orphenadrine and LidoPro gel. There is no documentation of a previous lumbar MRI in the case file. As of the PR2 dated 5/7/15, the injured worker reports pain in her lower back, left ankle and left foot with radiation to the left leg. She rates her pain currently a 7/10, a 4/10 at best and an 8/10 at worst. Her average pain level during the week has been 6/10. Objective findings include lumbar flexion 45 degrees, extension 25 degrees and lateral 30 degrees bilaterally. She has full range of motion in both knees and tenderness to palpation of the left shin. The treating physician requested Orphenadrine 100mg #60 and a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine - Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic - Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.

One (1) MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.