

Case Number:	CM15-0116124		
Date Assigned:	06/24/2015	Date of Injury:	04/02/2014
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 38 year old male who sustained an industrial injury on 04/02/2014. He reported that he was descending from a truck, slipped and fell hitting his right knee against the truck ladder. He reported that left knee pain started approximately 3 ½ month after. Treatment to date has included, medications and physical therapy. According to the oldest progress report submitted for review and dated 04/17/2015, the injured worker presented with chronic bilateral knee pain. He reported continued pain in his bilateral knees that was worse with prolonged walking or standing and rated it a 5 on a scale of 1-10. The right knee was worse than the left. Medications helped to reduce his pain level for better functioning. Antidepressant medication had been helpful with regards to his depressive symptoms. He denied any suicidal ideation. He did continue to utilize a right knee sleeve which did help with support. Review of systems noted complaints of night sweats, headaches, pain in the neck, chest pain, itching of skin, balance problems, poor concentration, memory loss, numbness and weakness and anxiety and depression. Physical examination demonstrated joint line tenderness of the right knee especially over the medial region and patella tendon. Normal muscle tone without atrophy was noted in all extremities. Strength was 5/5 in both lower extremities. He had a positive drop sign and a positive patella grind. Current medication regimen included Orphenadrine-Norflex ER 100mg #90, one at bedtime after work as needed, Diclofenac Sodium, Pantoprazole-Protonix, Naproxen Sodium-Anaprox and Fluoxetine-Prozac. The provider noted that the injured worker would benefit with an orthopedic surgical consultation with regards to the left knee. According to a progress note dated 05/11/2015, the injured worker complained of intermittent right knee

swelling associated with pain. He took Naproxen and Orphenadrine with no side effects. He also indicated that increased medication dosage certainly worked well for him. Physical examination of the right knee demonstrated slight effusion in the right knee, a small scar on the lateral border of the left knee and minimal tenderness to palpation with no instability. The rest of the exam demonstrated no abnormalities. He did not require a refill of his medications. Currently under review is the request for Orphenadrine-Norflex ER 100mg#90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for "short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence." According to the progress report dated 04/17/2015, the injured worker had been utilizing Orphenadrine-Norflex ER 100mg. He was then prescribed Orphenadrine-Norflex ER 100mg #90 one at bedtime and after work as needed. With the directions indicating one pill at bedtime and possibly a second, each day, a prescription with a quantity of 90 covers a 45 day supply. The injured worker was being treated for a chronic condition. There was no mention of acute exacerbating conditions. Therefore the request for Orphenadrine-Norflex ER 100mg #90 is not medically necessary.