

Case Number:	CM15-0125015		
Date Assigned:	07/09/2015	Date of Injury:	03/29/2010
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pediatrics, Internal 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 59 year old female, who sustained an industrial injury on 03/29/2010. According to a progress report dated 05/19/2015, the injured worker returned with persistent neck pain. Pain level was rated 5 to 6 on a scale of 1-10 in severity. A recent 6-week functional restoration program helped significantly with flexibility and strength. Her Cymbalta and Zolpidem were replaced by Amitriptyline which was working well for her. She was also taking Naproxen and Orphenadrine which helped and Opana ER and Oxymorphone. The injured worker was informed that if she wanted to continue taking Opana ER and Oxymorphone, that a written statement would need to be provided from her other physician stating that he would not continue her on her opioid medications. Physical examination of the cervical spine demonstrated spasms in the cervical paraspinal muscles and stiffness. Limited mobility with stiffness was noted. Cervical spine side bending, side rotation, flexion and extension were at about 30 degrees. Tenderness was noted in the cervical facet joints. Diagnoses included cervical degenerative disc disease, status post cervical spine fusion, clinically consistent cervical radiculopathy, cervical facet pain and left shoulder adhesive capsulitis. Prescriptions included Amitriptyline 10 mg by mouth every bedtime #30, Naproxen Sodium 550 mg by mouth twice a day #60 and Orphenadrine 100 mg by mouth twice a day #60. The injured worker was to return to modified work until 06/30/2015. Currently under review is the request for Orphenadrine 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants Page(s): 9, 63-64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. 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 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. In this case, the injured worker had been taking Orphenadrine for an unspecified amount of time. Physical examination continued to demonstrate muscle spasms despite use of Orphenadrine. Guidelines do not recommend long term use of muscle relaxants. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement of activities of daily living, and dependency on continued medical care. Therefore, the request is not medically necessary.