

Case Number:	CM15-0166248		
Date Assigned:	09/03/2015	Date of Injury:	05/29/2014
Decision Date:	11/12/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 05-29-2014. He has reported subsequent low back pain with numbness and tingling in the legs and was diagnosed with lumbar strain and lumbar radiculopathy. Electromyography study of the lower extremities on 07-27-2015 revealed mild left peroneal motor neuropathy at the ankle. Treatment to date has included pain medication, physical therapy, chiropractic therapy and acupuncture. Documentation shows that Ibuprofen and Orphenadrine were prescribed since at least 02-16-2015. There was no documentation of significant pain relief or objective functional improvement with the use of Ibuprofen and Orphenadrine. The most recent primary treating physician's progress notes do not document the severity of pain, degree of pain relief with pain medication or any improvement in function with the use of medication. The injured worker's work status was changed to temporarily totally disabled in May 2015. In a progress note dated 08-03-2015, the injured worker reported continued low back pain and numbness and tingling in the legs. Objective examination findings revealed spasm in the lumbar paraspinal muscles, tenderness to palpation of the lumbar paraspinal muscles, reduced sensation in the bilateral feet, restricted range of motion of the lumbar spine and positive sitting straight leg raise bilaterally. A request for authorization of Orphenadrine ER 100mg, one twice-daily #60 with 2 refills and Ibuprofen 800mg, one twice-daily prn #60 was submitted. As per the 08-11-2015 utilization review, the requests for were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg, one twice daily #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations 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 is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Orphenadrine for several months in combination with NSAIDs. Prolonged use is not recommended. Continued use of Orphenadrine is not medically necessary.

Ibuprofen 800mg, one twice daily prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score reductions were not routinely noted. Continued use of Ibuprofen is not medically necessary.