

Case Number:	CM15-0176686		
Date Assigned:	09/17/2015	Date of Injury:	09/14/1999
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: 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 57 year old, male who sustained a work related injury on 9-14-99. The diagnoses have included lumbar spinal stenosis and lumbar herniated nucleus pulposus. He is being treated for low back pain. Treatments have included oral medications, use of a lumbar support, and lumbar epidural steroid injections ("tremendous" benefit). Current medications include Omeprazole, Vicoprofen and Orphenadrine. He has been taking Orphenadrine since at least 5-2015. Previous medications include in the progress notes dated 7-17-15, the injured worker reports moderate low back pain with intermittent pain radiation into his legs. Upon physical exam, he has tenderness in the paralumbar area with some definite spasm. He can forward flex to 40 degrees and extend to 10 degrees before stopping due to pain. Medications have proven to be effective. Without medications, his pain rating is an "82." With medication, pain is reduced to "26." It is noted, that pain medications reduce pain for up to six hours, he has improved function and quality of life. This has not changed much in last couple of office visits. There is no documentation of working status. The treatment plan includes refills of medications In the Utilization Review, dated 8-28-15, the requested treatment of Orphenadrine 100mg #120 was found not medically necessary per the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #120: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine 100mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and lumbar herniated nucleus pulposus. Date of injury is September 14, 1999. Request for authorization is August 19, 2015. According to a progress note dated May 7, 2014, medications included Flexeril. According to a January 15, 2015 progress note, medications now include Orphenadrine. The start date for Orphenadrine is not specified. According to a July 17, 2015 progress note, subjective complaints include low back pain that radiates to the legs. Objectively, there is tenderness to palpation with spasm. The medications are not listed in the medical record, but are noted in the request for authorization. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term (less than two weeks) use of muscle relaxants by prescribing muscle relaxants as far back as May 7, 2014. There are no compelling clinical facts to support the ongoing use of muscle relaxants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the treating provider exceeded the recommended guidelines by continuing muscle relaxants, at a minimum, for 14 months and no documentation demonstrating objective functional improvement, Orphenadrine 100mg #120 is not medically necessary.