

Case Number:	CM15-0177281		
Date Assigned:	09/18/2015	Date of Injury:	10/22/2010
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 64 year old male who sustained an industrial injury on 10-22-10. A review of the medical records indicates the injured worker is undergoing treatment for lumbar degenerative disc disease, displacement of lumbar intervertebral disc, spondylolisthesis, cervical spondylosis, and lumbar spinal stenosis. Medical records (07-10-15) reveal the injured worker reports pain relief is for approximately 6 hours. The physical exam (04-14-15 through 07/10/15) reveals unchanged limited active voluntary range of motion of the thoracolumbar spine. Treatment has included an anterior lumbar fusion at L5-S1, medications, and a lumbar support. The treating provider indicates (07-10-15) the roentgenograms disclose his old fusion to be stable with some adjacent level disc disease. The original utilization review (08-17-15) non certified the request for Orphenadrine 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2010 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Orphenadrine 100mg #60 is not medically necessary and appropriate.