

Case Number:	CM15-0179823		
Date Assigned:	09/21/2015	Date of Injury:	03/12/2012
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 38 year old female, who sustained an industrial injury on March 12, 2012. Medical records indicate that the injured worker is undergoing treatment for a neck sprain-strain, cervical radiculitis, thoracic spine sprain-strain, lumbosacral radiculitis, myofascial pain, chronic pain and sleep disorder. The injured worker was noted to be permanent and stationary. The injured worker was working with modified duties. Current documentation dated August 4, 2015 notes that he injured worker reported right-sided neck pain with radiation to the right arm with associated numbness and tingling. The injured worker also noted intermittent bilateral low back pain with associated right lower extremity weakness and numbness. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and facet joints with trigger points and muscle spasms over the lower paraspinal muscles. Range of motion was restricted and painful. A straight leg raise test was positive on the right. A cervical spine examination was not noted. Treatment and evaluation to date has included medications, physical therapy (12), Toradol injection, cervical spine MRI (5-29-2015), lumbar spine MRI (2-10-2015) and a home exercise program. Current medications include Ciclopirox 8% topical solution, Glipizide, Ibuprofen, Lidocaine 5% patch, Metformin, Orphenadrine citrate ER (since May of 2015), Tramadol, Trazadone and a Ventolin hand held inhaler. The injured worker noted a thirty percent decrease in pain and spasm with the use of Orphenadrine citrate ER. Medications tried and failed include Gabapentin (palpitations) and Meloxicam (gastritis). The treating physician's request for authorization dated August 5, 2015 includes a request for Orphenadrine Citrate ER100 mg # 60 times 5 refills. The Utilization Review documentation dated August 24, 2015 non-certified the request for Orphenadrine Citrate ER 100 mg # 60 times 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg #60 times 5 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 with persistent symptoms. Continued and chronic use of Orphenadrine with 5 refills is not medically necessary.