

Case Number:	CM15-0027158		
Date Assigned:	02/19/2015	Date of Injury:	10/28/2014
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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 was a 57 year old male, who sustained an industrial injury, October 28, 2014. The injury was sustained while trying to assist a patient to a car instead the patient tried to go down the stairs and fell. The injured worker went to help the patient with a wheelchair. The injured worker pulled the wheelchair and felt a severe sharp pain in the lower back. The pain was intense the injured worker was having trouble breathing and was unable to move the mid-section. The injured worker did not seek medical attention until the following day. According to progress note of January 6, 2015, the injured workers chief complaint was lumbar spine. The physical exam noted spasms were present in the paraspinal muscles and tenderness with palpation of the paraspinal muscles. The injured worker was positive for straight leg on the right and left. The injured worker had a normal heel and heel to toe walking. The injured worker was diagnosed with lumbar radiculopathy. The injured worker previously received the following treatments pain medication, physical therapy 12 sessions, Hydrocodone, Tramadol, Baclofen, Ibuprofen and Probiotics. On January 6, 2015, the primary treating physician requested Orphenadrine Er 100mg tablets, twice a day #60 and physical therapy 12 additional visits for a total of 24. On January 23, 2015, the Utilization Review denied authorization for Orphenadrine Er 100mg tablets, twice a day #60 and physical therapy 12 additional visits for a total of 24. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg 60 tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Orphenadrine Page(s): 63-66, 65.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ORPHENADRINE 100MG #60. The patient is currently taking Hydrocodone, Tramadol, Baclofen, Ibuprofen and over-the-counter Probiotics. The patient is currently on medical leave. Regarding muscle relaxants, the MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. In this case, none of the reports discuss specifically this medication. The treater does not indicate that this medication is to be used for a short-term. MTUS only supports for short-term use of this medication for no more than 2-3 weeks to address flare-up's or new injuries. The request IS NOT medically necessary.

12 additional sessions of physical therapy (24 total): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ADDITIONAL 12 SESSIONS OF PHYSICAL THERAPY TOTAL: 24. As the request clearly indicates, the patient has had 12 sessions of physical therapy with help. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports discuss how the patient has responded to the physical therapy in

terms of pain reduction or functional improvement, except "help". The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with 12 already received would exceed what is allowed per MTUS for this kind of condition. The request of physical therapy IS NOT medically necessary.