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| Case Number: | CM15-0071490 | | |
| Date Assigned: | 04/21/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 38 year old male who sustained an industrial injury on 4/2/14 from a slip and fall hitting his right knee against a truck ladder. His left knee pain started approximately three months after the right knee pain due to compensation. He was treated with medication, knee brace and physical therapy. He had an MRI of the right knee. Of note, on 7/15/14 the injured worker suffered a second injury when he fell on his right knee and damaged it further. He currently complains of bilateral knee pain that is chronic. His pain level was 5/10 for the right knee and 2/10 for the left knee. The pain was aggravated by prolonged walking, standing and stairs. He is working. Medications are diclofenac, Protonix, Anaprox, Norflex. Diagnosis is pain in joint lower leg; chronic sprain right knee. Treatments to date include medications which reduce pain and allow for better function; physical therapy without much benefit; right knee brace. Diagnostics include MRI of the right knee (7/19/14) some abnormality. In the progress note dated 3/20/15 the treating provider's plan of care requests authorization for diclofenac sodium apply to affected area at night; orphenadrine, use after work as needed for muscle spasms; Protonix; Anaprox and Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5 % #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, diclofenac.

Decision rationale: Diclofenac is a topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. Topical diclofenac is not indicated. The request should not be authorized, not medically necessary.

Orphenadrine-norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is a muscle relaxant. It is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and 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. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using orphenadrine since at least November 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized, not medically necessary.