

<b>Case Number:</b>	CM15-0075323		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old female, who sustained an industrial injury on 10/09/2010. The injured worker is currently diagnosed as having chronic pain, brachial plexus lesions, pain in shoulder joint, pain in forearm joint, pain in lower leg joint, cervicalgia, brachial neuritis, and neck sprain/strain. Treatment and diagnostics to date has included medications. In a progress note dated 02/17/2015, the injured worker presented for a follow up. The treating physician reported requesting authorization for Diclofenac and Orphenadrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium ER 100mg #30 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 53 year old female has complained of shoulder, forearm and neck pain since date of injury 10/9/10. She has been treated with physical therapy and medications to include NSAIDS since at least 10/2014. The current request is for Diclofenac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not medically necessary in this patient.

**Orphenarine citrate ER 100mg #30 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-55.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** This 53 year old female has complained of shoulder, forearm and neck pain since date of injury 10/9/10. She has been treated with physical therapy and medications to include Orphenadrine since at least 10/2014. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine is not medically necessary.