

Case Number:	CM15-0090669		
Date Assigned:	05/15/2015	Date of Injury:	09/02/2008
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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 69 year old male who sustained an industrial injury on 09/02/2008. The injured worker was diagnosed with chronic back pain, peripheral neuropathy and lumbar radiculopathy. The injured worker has a medical history of diabetes mellitus with peripheral vascular disease, chronic limb ulcers with gangrene and recent amputation of the left 1st and 2nd toes. Treatment to date includes diagnostic testing, conservative measures, chiropractic therapy and medications. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to experience low back pain and bilateral leg symptoms, right leg greater than left leg. The injured worker ambulates with a cane. Boot cast to the left foot is worn due to recent amputation. The injured worker rates his current pain level at 4/10. Examination demonstrated tenderness to palpation of the lumbar spine with spasms and decreased range of motion particularly with extension and flexion. Sensation was diminished bilaterally at the L3 through S1 distribution. Motor was decreased at the extensor hallucis longus muscle and anterior tibialis. Current medications are listed as Tramadol ER, Flexeril, Orphenadrine and topical analgesics. Treatment plan consists of medication regimen, chiropractic therapy with therapeutic modalities and the current request for renewal of Orphenadrine Citrate 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 63-65.

Decision rationale: Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. 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 Flexeril for several months in combination with opioids and recently on Orphenadrine. Long-term use of muscle relaxants is not recommended and continued use is not medically necessary.