

<b>Case Number:</b>	CM15-0091163		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 31 year old male, who sustained an industrial injury on 01/24/2011. On provider visit, dated 03/05/2015 the injured worker has reported left shoulder pain that extends to arm. Left shoulder was noted to have intermittent pins and needles. Also reports times when there is numbness radiation through the entire left arm and hand. On examination, the lumbar spine was noted to have a decreased range of motion, tenderness to palpation in the bilateral lumbar paraspinals and a straight leg raise was negative bilaterally. Upper and lower back pain and numbness radiating from the low back down to the left ankle. Non-weight bearing on left leg due to pain. The diagnoses have included lumbar radiculopathy, multilevel herniated nucleus pulposus of lumbar spine with stenosis and lumbar facet hypertrophy. Treatment to date has included acupuncture, physical therapy, chiropractic therapy, injections, Flexeril, Voltaren ER and LidoPro cream, lumbar corset and Advil. The injured worker was noted to be working on full duty. The provider requested ongoing treatment with orthopedic physician for orthopedic complaints, orphenadrine citrate 100mg ER #60 (prescribed 03/05/15) and med panel to include urine drug screen times 10, assay of body fluid acidity, assay of urine creatinine, and spectrophotometry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing Treatment with Orthopedic Physician for Orthopedic Complaints: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an ortho follow-up. The requesting physician did not provide a documentation supporting the medical necessity for the visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Ongoing Treatment with Orthopedic Physician for Orthopedic Complaints is not medically necessary.

**Orphenadrine Citrate 100mg ER #60 (prescribed 03/05/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs Page(s): 63, 66.

**Decision rationale:** According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anti-cholinergic effects. MTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. In addition, the patient was previously taking over the counter anti-inflammatory medication and was later on switched to a prescription strength NSAID and Gabapentin. Therefore, the request of Orphenadrine Citrate ER 100 mg #60 is not medically necessary.

**Med Panel to include urine drug screen times 10, assay of body fluid acidity, assay of urine creatinine, and spectrophotometry: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Med Panel to include urine drug screen times 10, assay of body fluid acidity, assay of urine creatinine, and spectrophotometry is not medically necessary.