MAXIMUS Federal Services

Case Number:	CM15-0094254		
Date Assigned:	05/20/2015	Date of Injury:	08/25/2014
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male who sustained an industrial injury to his lower back on 08/25/2014. The injured worker was diagnosed with lumbago and lumbar facet syndrome. Treatment to date includes diagnostic testing with lumbar spine X-rays reported as within normal. The injured worker has had conservative measures, currently in physical therapy and pain management with medications. The injured worker is status post right knee surgery (non-industrial related in April 2014). According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience low back pain occasionally radiating to the gluteus area bilaterally. The injured worker rates his pain level at 3/10 with some increases to 10/10. Examination revealed tenderness in the lower lumbar area on the left, equal bilateral gait, neurologically intact with decreased range of motion. Current medications are listed as Orphenadrine and Naproxen. Treatment plan consists of follow-up evaluation and the current request for Orphenadrine and a lumbar magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. Per available documentation, the injured worker does not physiologic evidence of tissue insult or nerve impairment. The request for MRI of lumbar spine is not medically necessary.

Orphenadrine ER (extended release) 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Weaning of Medications Section Page(s): 63-65, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphen-hydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The injured worker has documented chronic pain. The request for Orphenadrine ER (extended release) 100 mg Qty 60 is not medically necessary.