

<b>Case Number:</b>	CM15-0095771		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation, 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 48-year-old male, who sustained an industrial injury on August 22, 2013. He reported pain of the neck, left shoulder, and low back. The injured worker was diagnosed as having a cervical sprain and shoulder impingement. Diagnostic studies to date have included an MRI, electrodiagnostic studies, and x-rays. Treatment to date has included work modifications, physical therapy, acupuncture, neck and left shoulder steroid injections, and medications including muscle relaxant and non-steroidal anti-inflammatory. On March 5, 2015, the injured worker complains of persistent neck and left shoulder pain. The physical exam of the cervical spine revealed spasm and tenderness to palpation, decreased sensation in bilateral hands, restricted range of motion, and normal muscle testing of the bilateral upper extremities. The left shoulder exam revealed tenderness to pressure over the shoulder, restricted range of motion, and a positive impingement sign. The injured worker is temporarily totally disabled. The treatment plan includes physical therapy for the neck and left shoulder, Orphenadrine ER, and Naproxen Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the neck and left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Twelve (12) physical therapy sessions for the neck and left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior PT; however, there is no evidence of significant functional objective improvement from this PT. Furthermore, the request exceeds the MTUS recommended number of visits for this condition. The documentation is not clear on why this patient is unable to perform an independent home exercise program. The request for physical therapy is not medically necessary.

**Orphenadrine ER 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) and Muscle relaxants (for pain) Page(s): 65, 63.

**Decision rationale:** Orphenadrine ER 100mg #60 with 2 refills is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action of this medication is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that patient has an acute exacerbation with chronic low back pain but rather has chronic pain. This request for 2 refills and the fact that the patient has been on this medication does not suggest it is being used for short-term use. Furthermore, there is no evidence of functional improvement on prior Orphenadrine. The request for Orphenadrine is not medically necessary.

**Naproxen sodium 50mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Naproxen 50mg #30 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen already without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or

worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.