

Case Number:	CM13-0051326		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2008
Decision Date:	09/24/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury with a date of injury of 12/31/08 when, while working as an equipment operator, he slipped and fell on a plastic covered pallet with injury to the left wrist and hip. He was placed out of work for approximately 2 days and then returned to work until another injury occurred in February 2009 when a scaffolding collapsed and he was struck by a piece of wood over the right shoulder and head. He was able to return to work but when seen by the requesting provider was taken out of work. Treatments have included physical therapy, acupuncture, chiropractic care, and medications. He was seen on 09/12/13. His past medical history included hypertension and diabetes. He was having neck pain and stiffness, difficulty sleeping, wrist and hand pain, and continuous low back pain with numbness and tingling of the feet and toes. He was having left hip pain with locking, clicking, and grinding. The physical examination findings included paraspinal muscle spasm with tenderness and decreased left lower extremity sensation. There was decreased lumbar spine range of motion. Seated straight leg raising tests on the left side were positive. There was left greater trochanteric tenderness and decreased left lower extremity hip range of motion. The patient's diagnoses were lumbar radiculopathy, sleep disorder, diabetes, hypertension, and left greater trochanteric bursitis. He was seen by the requesting provider on 09/16/13. Medrol, Omeprazole 20 mg # 30 Orphenadrine ER 100 mg #60, and naproxen 550 mg #30 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Orphenadrine Page(s): 68, 65.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck, back, wrist, and hand pain. The treating provider documents paraspinal muscle spasm and Orphenadrine is being prescribed on a long-term basis. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to Diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy may diminish over time, and prolonged use may lead to dependence. In this case, Orphenadrine ER has been prescribed on a long-term basis and appears ineffective as the claimant has ongoing symptoms and physical examination findings as discussed above. Continued prescribing is not considered medically necessary.