

Case Number:	CM14-0109176		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2013
Decision Date:	11/19/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neurology and is licensed to practice in New Jersey. 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 patient is a 38-year-old man who sustained a work-related injury on October 30, 2013. Subsequently, he developed chronic back pain. According to a progress report dated on May 19 thousand 14, the patient was diagnosed with a right shoulder impingement syndrome status post arthroscopic surgery. His pain was rated 10 over 10 in the right lateral upper arm with numbness. The pain aggravates by movements. The physical examination demonstrated right shoulder pain with reduced range of motion, tenderness over the deltoid muscle, reduced right great, cervical tenderness with reduced range of motion. The patient was treated with naproxen, cyclobenzaprine, hydrocodone, tramadol and Norflex without documentation of full pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg #60: 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 Antispasticity Drugs Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex , Banflex , Antiflex, Mio-Rel Orphenate, generic) is a muscle relaxant with anticholinergic 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. Her was on muscle relaxant medication for several months without clear documentation of efficacy. The request of Orphenadrine Citrate ER 100mg #60 is not medically necessary.