

Case Number:	CM14-0118154		
Date Assigned:	09/16/2014	Date of Injury:	04/15/2009
Decision Date:	10/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain and is licensed to practice in California. 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 records presented for review indicate that this 46 year-old female was reportedly injured on April 15, 2009. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated August 27, 2014, indicates that there were ongoing complaints of neck and bilateral shoulder pain that has worsened subsequent to the prior visit. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation of the cervical spine musculature, a diminished sensation in the right C7 dermatomes and motor function described as 5-/5. Diagnostic imaging studies of the cervical spine were completed on July 30, 2014 which demonstrated multiple level degenerative disc changes. Previous treatment includes multiple medications, trigger point injections, physical therapy, and other pain management interventions. A request had been made for Orphenadrine and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100 mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMATIC Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 OF 127.

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's, neither of which, is a listed diagnosis that is noted in the August 2014 progress note. This medication is also useful as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. Again, the progress notes did not report any compromise that would support the use of Gabapentin. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a second-line option for short-term use in both acute and chronic low back pain. Again the progress note fails to discuss this aspect in the narrative offered. Based on the clinical documentation provided, particularly the tenderness to palpation and slight decrease in cervical spine range of motion, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Therefore, given the MTUS recommendations, tempered by the limited clinical information presented on physical examination; that this be utilized as a second-line agent, the request is deemed not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine, Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited).

Decision rationale: The records reflect that a cervical spine MRI was completed on January 6, 2014. Their study noted multiple level degenerative disc disease, changes consistent with a syrinx, and canal stenosis. While noting a slight increase in pain, there is no progressive neurologic deficit identified and no new significant trauma or history of neoplasm. Therefore, when noting the parameters outlined in the ACOEM guidelines (acute cervical pain, significant trauma, history of neoplasm) tempered by the history and physical examination (where none of these clinical data points were objectified), there is no clinical indication presented to establish the medical necessity of a repeat study.