

Case Number:	CM14-0148936		
Date Assigned:	09/18/2014	Date of Injury:	11/05/2012
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 37-year-old female who has submitted a claim for rotator cuff syndrome, neck pain, shoulder pain, headache and cervicocranial syndrome associated with an industrial injury date of November 5, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of shoulder pain and headaches with spasms into her neck. Examination showed that the patient is well developed, well-nourished, and not in cardiorespiratory distress. Patient ambulates to the examination room without assistance. Treatment to date has included Orphenadrine, which helped the patient sleep better without severe spasms at night. Utilization review from August 15, 2014 denied the request for Orphenadrine- Norflex ER 100mg #90 because the records do not provide a rationale for chronic use of the muscle relaxants in contrast to guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine- norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient had been on the medication since at least May 27, 2014. There was no rationale provided to justify the chronic use, which is in contrast to the guideline recommendations. Moreover, the patient is already on NSAIDs; as per the guidelines, orphenadrine will not provide any further benefits. In addition, the recent progress notes do not reveal any muscle spasm for which the medication may help. The medical necessity for orphenadrine was not established. Therefore, the request for Orphenadrine- norflex ER 100mg #90 is not medically necessary.