

<b>Case Number:</b>	CM13-0018362		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 39 year old female who reported an injury on 02/07/2013 after slipping on a loose tile. She was subsequently seen in the emergency room with pain of 7/10 and was diagnosed with a lumbar strain and given prescriptions for Naproxen, Flexiril, and ibuprofen. She then followed up with a physician with complaints of pain 3/10, accompanied by spasms. She was then prescribed a course of chiropractic care, Naproxen, and Orphenadrine, and released back to work with restrictions on 02/21/2013. She continued to follow up with the physician group reporting a decrease in pain to 1-2/10 with addition of physical therapy. It was noted that the Orphenadrine was discontinued on 03/28/2013 due to lack of use/need. However, this medication was again prescribed on 05/15/2013 due to increased pain, as well as another course of physical therapy. She continues to complain of mild lower back pain with spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 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 Page(s): 63-65.

**Decision rationale:** The California MTUS Guidelines recommend the use of muscle relaxants for the acute phase of low back pain and state that they are no more beneficial than NSAIDS in alleviating pain and Final Determination Letter for IMR Case Number CM13-0018362 3 impacting overall improvement. It is also noted that their efficacy diminishes over time and that Orphenadrine carries an increased risk of abuse. Due to the fact that the patient is 10 months post the acute phase of injury, the muscle relaxant Orphenadrine is not recommended per guidelines. The request for orphenadrine is not medically necessary and appropriate.