

<b>Case Number:</b>	CM13-0038621		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine & Rehabilitation, 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 53-year-old female who reported an injury on 06/27/2011. The patient is diagnosed with degenerative disc disease with retrolisthesis, herniated nucleus pulposus with moderate canal stenosis, lumbar radiculopathy, anxiety disorder, major depressive disorder, elevated LFTs, and sacroiliac degenerative joint disease bilaterally. The patient was seen by [REDACTED] on 09/05/2013. The patient reported 9-10/10 lower back and leg pain. The patient also reported 7-8/10 pain with medication. Physical examination revealed no acute distress, normal gait, limited range of motion of the cervical and lumbar spine, diminished sensation, and positive straight leg raising on the right. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100 mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefits beyond NSAIDs and pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the clinical notes submitted, the employee does not demonstrate palpable muscle spasm, muscle tension, or spasticity on physical examination. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.