

<b>Case Number:</b>	CM13-0045703		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 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:

This 57 year-old male sustained an injury on 6/25/12 while employed by [REDACTED]. Request under consideration include ORPHENADRINE CITRATE 100 MG. Report of 9/23/13 from the provider noted the patient had follow-up for chronic neck and back pain, rated at 8/10 scale. He was authorized for epidural steroid injection of the cervical spine and medial branch block of the lumbar spine. Pain radiated with numbness down left arm to the hand. He continues on Coumadin monitored by his primary care doctor. The patient has stopped Pamelor and continues with Norco, Norflex (Orphenadrine) and uses Terocin cream. Exam showed decreased range of cervical spine with facet loading in lumbar spine; tenderness at L3-4 regions bilaterally with decreased sensation in C6-8 dermatomes on left and left L4-S1 with global muscle weakness in the upper and lower extremities of 4+/5. The patient will proceed with the MBB and interlaminar cervical epidurals; was prescribed Norco, Norflex, and Elavil along with 8 visits of PT. The request above for Orphenadrine Citrate (Norflex) was non-certified on 10/15/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHANADRINE CITRATE 100MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Orphenadrine Citrate 100mg is not medically necessary and appropriate.