

<b>Case Number:</b>	CM13-0049208		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/11/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Texas. 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 reported injury on 02/11/2007. The mechanism of injury was stated to be that the patient was standing on a ladder approximately 10 to 12 feet above the ground and the ladder gave way and the patient fell to the concrete. The patient was noted to have continued pain. The patient was noted to be undergoing chiropractic treatments. The pain was noted to be in the patient's lower back and radiating to the left lower extremity. The patient had paravertebral muscles that were tender to palpation in the cervical spine and the lumbar spine. The patient had spasms in both. The patient's range of motion was noted to be restricted in both. The patient's straight leg raise test was positive on the right and the sensation was noted to be decreased in the right in the L5 dermatomal distribution pattern. The patient's diagnoses were noted to include left knee internal derangement, cervical spine strain, left plantar fasciitis, and left ankle sprain, along with lumbar radiculopathy. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg:** 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.

**Decision rationale:** California MTUS Guidelines indicate that muscle relaxants are a second line in treatment for short-term acute exacerbations of chronic low back pain for no more than 2 to 3 weeks. There should be documentation of objective functional improvement and an objective decrease in the VAS score. This patient was noted to be taking orphenadrine for long-term treatment. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, and the lack of documentation of objective functional improvement, and a decrease in the objective VAS score, the request for 60 orphenadrine ER 100 mg is not medically necessary.