

<b>Case Number:</b>	CM14-0107965		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Occupational Medicine 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:

The patient is a 45 year-old female with date of injury 03/17/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/05/2014, lists subjective complaints as pain in the neck and bilateral shoulders with radicular symptoms to both hands. Objective findings: Cervical spine: There was spasm and tenderness to palpation of the paraspinal muscles. Sensory exam was normal. Range of motion was slightly reduced in all planes. Muscle testing was within normal limits. Shoulders: There was tenderness to pressure over the anterior aspect of both shoulders. Range of motion was reduced and caused pain. Impingement sign was positive bilaterally. Sensory exam was not performed for shoulders. Diagnosis: 1. Cervical radiculopathy 2. Shoulder impingement 3. Lumbar radiculopathy. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as three months. Medications included Orphenadrine ER 100mg, #60 SIG: 1 tablet twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHENADRINE ER 100 MG, 1 TABLET TWO TIMES A DAY, #60 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 63, 65.

**Decision rationale:** Orphenadrine (Norflex) is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking Orphenadrine for longer than the recommended 2-3 weeks by the MTUS. The request is not medically necessary.