

<b>Case Number:</b>	CM14-0159086		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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:

The injured worker is a 65-year-old male who reported an injury on 06/23/2011, when he was trying to force a garbage cart through a doorway and felt a crack in his low back and twisted his right knee. On 09/11/2014, the injured worker presented with low back and right lower extremity pain. On examination there was tenderness to the lower lumbar paraspinal muscles and a decrease in muscle spasm. There was a slightly antalgic gait and hemiparetic with weight bearing favored on the right leg due to a prior stroke. The injured worker was able to ambulate without assistance. Examination of the right knee noted minimal tenderness to palpation of the medial joint line and well healed arthroscopic surgical scars around the right knee without evidence of swelling. There was no evidence of aphasia. There was no significant dysarthria. The diagnoses were medial meniscus posterior horn radial tear, chronic anterior cruciate ligament rupture, focal chondromalacia on the central aspect of the medial femoral condyle and patellar apex and medial facet chondromalacia. The provider recommended orphenadrine Norflex ER 100 mg with a quantity of 90. The provider's rationale was due to evidence of muscle spasm and tension. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**Decision rationale:** The request for orphenadrine Norflex ER 100 mg with a quantity of 90 is not medically necessary. The California MTUS recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There was no documentation of treatment history and length of time the injured worker has been prescribed orphenadrine Norflex. Objective functional improvement, objective decrease in spasm has not been documented with the use of this medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.