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| <b>Case Number:</b>   | CM14-0159462 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 07/18/2005 |
| <b>Decision Date:</b> | 11/12/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old female with a date of injury of 07/18/2005. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Chronic neck pain, status post anterior cervical fusion in 2006. 3. Status post micro-lumbar decompressive surgery, bilateral at L4 to L5 and L5 to S1 on 05/03/2012. 4. Multiple HNP, cervical spine. 5. Pseudarthrosis, C5 to C6. According to progress report, 08/05/2014, the patient presents with persistent neck and low back pain. The patient reports her low back pain is constant and severe at times. She also reports radiation of numbness, tingling, and cramping of her bilateral lower extremities and persistent muscle spasms. Her medication regimen includes: 1. Elavil 25 mg. 2. Gabapentin 600 mg. 3. Ketoprofen 75 mg. 4. Norflex ER 100 mg. Patient states that medications help decrease her pain by about 40%, and they allow her to increase her walking distance by at least 10 to 15 minutes. She denies any side effects. She last worked in 2005. Examination revealed tenderness to the cervical spine, bilateral trapezius regions, and lumbar paraspinals bilaterally. Range of motion of the cervical and lumbar spine was decreased in all planes and limited by pain. Upper and lower extremity sensations were intact. Deltoid, biceps, internal rotators, external rotators, wrist extensors, and wrist flexors are 5-/5. The treater is requesting a refill of orphenadrine citrate 100 mg #60 and an MRI of the lumbar spine. Utilization review denied the request on 09/09/2014. Treatment reports from 11/05/2013 through 08/05/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 MRI Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting an MRI of the lumbar spine. The treater states the patient's last MRI was performed in 2011, and she has not had an MRI since her surgery in 2012. He would like an updated MRI of the lumbar spine to evaluate her continuous severe back complaints. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms, ODG guidelines provide a good discussion. ODG under its Low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The patient has not had an MRI following his lumbar surgery in 2012. In this case, MRI may be reasonable for post-operative evaluation. Given the treater's concern for the patient's persistent pain and radicular symptoms, the request for MRI for Lumbar Spine is medically necessary.

## **Orphenadrine Citrate 100mg #60: 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 (for pain) MTUS Page(s): 63, 64.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting a refill of orphenadrine citrate 100 mg #60. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants. Review of the medical file indicates the patient has been taking Flexeril since 01/06/2014. The treater, without discussing the rationale, discontinued Flexeril and started prescribing orphenadrine on 04/04/2014. In this case, Orphenadrine has been prescribed for long-term use and MTUS recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The request for Orphenadrine Citrate is not medically necessary.