

<b>Case Number:</b>	CM14-0159876		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/18/2014
<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 Family Medicine and is licensed to practice in North Carolina. 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 32-year-old with a reported date of injury of 09/03/2013. The patient has the diagnoses of lumbar sprain/strain and back muscle spasms. The only documentation provided for review outside of the utilization review is dated 09/03/2013. At this time the patient had complaints of low back pain rated a 7/10 that occurred when lifting and object and standing upright. The physical exam noted thoracolumbar spasm with a normal gait, sensory exam, range of motion and negative bilateral straight leg raises tests. The treatment plan recommendations included injection and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100 mg #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 Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007)

(Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) The medication has the indication per the California MTUS for the short-term use of acute exacerbation of chronic low back pain. The provided documentation shows that the patient has suffered an acute injury and does not have the diagnoses of chronic low back pain. The patient has not failed other first line treatment options for the acute back pain. Therefore guideline criteria for the use of this medication have not been met and the request is not medically necessary.