

<b>Case Number:</b>	CM14-0167588		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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:

This is a 25 year old male patient who sustained an injury on 7/2/2014. He was working as forklift driver. He sustained the injury while picking up a heavy ramp to get on to a container. The current diagnoses include L5 spondylolysis, spondylolisthesis L5-S1 and lumbar radiculopathy. Per the doctor's note dated 7/11/14, patient had complaints of neck pain with tingling and numbness in the bilateral upper extremities; back pain and lower back pain with radiation to the bilateral lower extremities with tingling, numbness and weakness. Physical examination revealed normal gait, tenderness to palpation over the cervical, thoracic and lumbar spine; decreased cervical, thoracic and lumbar spine range of motion, decreased sensation to the left L5 dermatomes, 4/5 strength in finger flexion and extension bilaterally, 4/5 strength in plantar flexion on the right and positive SLR on the right side at 60 degrees. The medication list includes norco, soma and naproxen. His surgical history includes knee surgery. He has had the x-rays of the lumbar spine dated 7/7/14 which revealed L5-S1 spondylolisthesis with a slight increase with extension, cervical spine X-rays dated 7/11/14 with normal findings and thoracic spine X-rays dated 7/2/14 with normal findings; the electromyogram (EMG)/nerve conduction study (NCS) dated 7/22/14 revealed no evidence of radiculopathy per the notes, however a report of the electrodiagnostic study was not specified in the records provided. He was advised to start chiropractic treatment and prescribed hydrocodone/acetaminophen, lidopro topical ointment and nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER tablets 100mg, up to 2 times per day as needed for severe spasm, #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, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, gene. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Muscle relaxants (for pain)

**Decision rationale:** Norflex contains orphenadrine citrate which is antispasmodic and per the cited guidelines, " it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Muscle relaxants are recommended for a short period of time. The patient has had neck and low back pain since 7/2014. Evidence of muscle spasm was not specified in the records provided. A detailed history of any muscle spasms was not specified in the records provided. Response to NSAIDs( first line option), without second line options like muscle relaxants, is not specified in the records provided. The rationale for the use of the extended release ( ER) version of the orphenadrine was not specified in the records provided. The medical necessity of Orphenadrine Citrate ER tablets 100mg, up to 2 times per day as needed for severe spasm, #60 is not fully established for this patient.