

<b>Case Number:</b>	CM14-0184205		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/27/1996
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 27, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medication; psychotropic medication; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 15, 2014, the claims administrator approved a request for Tylenol and Gabapentin while denying Orphenadrine (Norflex). The applicant's attorney subsequently appealed. A medical-legal evaluation of April 1, 2007, suggested that the applicant was presently working as a self-employed electrician as of that point in time. A June 10, 2014 progress note noted the applicant had complaints of 7/10 low back pain without medications versus 3 to 5/10 with medications. The applicant was doing some "light weight work," it was suggested. Persistent complaints of low back pain radiating to the leg were appreciated. The applicant was given refills of Neurontin, Norflex, and Tylenol. It was suggested that the applicant was using Norflex (Orphenadrine) on a nightly basis. In an earlier note dated December 12, 2013, the applicant again presented with persistent complaints of low back pain, 5/10. The applicant was again given refills of Norflex (Orphenadrine), Tylenol, and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of orphenadrine 50mg #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine are recommended "with caution" as a second line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet, five refill supply of Orphenadrine implies chronic, long-term and/or daily usage of the same. Such usages, however, is at odds with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.