

<b>Case Number:</b>	CM14-0184675		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/06/2014
<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:

Patient is a 25 year-old male with date of injury 11/26/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower left extremity. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was restricted. Motor strength and sensation were grossly intact. Straight leg raising test was positive bilaterally. Diagnosis: 1. Lumbar radiculopathy Original reviewer modified medication request to Orphenadrine ER 100mg, #30 with no refills and Hydrocodone- APAP 10/325mg, #45 with no refills for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1.Orphenadrine ER 100mg, #60 SIG: take 1 twice daily 2.Hydrocodone- APAP 10/325mg, #60 SIG: take 1 twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

**Decision rationale:** Orphenadrine is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking orphenadrine for longer than 2-3 weeks, which is recommended by the MTUS. Orphenadrine ER 100mg, #60 with 2 refills is not medically necessary.

**Hydrocodone-APAP 10/325mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Hydrocodone-APAP 10/325mg, #60 with 2 refills is not medically necessary.