

<b>Case Number:</b>	CM14-0020243		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Practice, has a subspecialty in Preventative 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:

Male claimant sustained a work injury on 4/8/12 involving the lower back, left elbow and left knee. He had a diagnosis of lumbar strain and contusion of the left elbow and left knee. He had undergone trigger point injections of the lumbar spine for pain relief. Since at least June 2013, he had been using Norco and Orphenadrine for pain control on a monthly basis. A recent exam report on 4/2/14 indicated the claimant had no significant improvement since the last few visits. Physical findings included paralumbar spasms, elbow tenderness and joint line tenderness in the knees. He was continued on Naproxen, Norco and Orphenadrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHENADRINE 100MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-65.

**Decision rationale:** Orphenadrine is a muscle relaxant. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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 anticholinergic properties. This drug was approved by the FDA in 1959. According to the MTUS guidelines: Muscle relaxants (for pain) are 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 low back pain(LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, 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). In this case, Orphenadrine has been used for several months along with opioids. It is not shown to be superior to NSAIDs. Failure on NSAIDs is not documented. Based on the prolonged use and lack of improvement in pain control, continued use of Orphenadrine is not medically necessary.

**HYDROCODONE (NORCO) 10/325MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for over 10 months with no improvement in pain control. In addition, there is no documentation of an opioid agreement or risk assessment for addiction. The continued use of Norco is not medically necessary.