

<b>Case Number:</b>	CM14-0039828		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 46-year-old male who reported an injury on 05/06/2002. The mechanism of injury was not provided. On 02/28/2014, the injured worker presented with low back pain. Upon examination of the thoracic spine there was segmental restriction of the right side bending and left rotation and segmental restriction of the left side bending and right rotation. There was moderate tenderness along the bilateral lumbar with positive FABER test. There was trace weakness on the ankle dorsiflexion to the right and mildly diminished reflexes at 2/4. The diagnoses were postlaminectomy syndrome of the lumbar region, lumbar facetogenic pain/facet arthropathy, lumbar radiculopathy, sacroilitis, and constipation. Current medications included orphenadrine, Pantoprazole, and Voltaren tablets. The provider recommended orphenadrine, Pantoprazole sodium, and Voltaren XR; the provider's rationale was not provided. The request for authorization form was dated 03/05/2014.

### 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.

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

**Decision rationale:** The request for orphenadrine 100 mg #60 is not medically necessary. According to California MTUS, orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. The medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Recommended dosing is 100 mg twice a day, combination products are given 3 to 4 times a day. The injured worker has been prescribed orphenadrine since at least 03/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.

**Pantoprazole Sodium DR 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The request for orphenadrine 100 mg #60 is not medically necessary. According to California MTUS, orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. The medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Recommended dosing is 100 mg twice a day, combination products are given 3 to 4 times a day. The injured worker has been prescribed orphenadrine since at least 03/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.