

Case Number:	CM14-0048596		
Date Assigned:	06/25/2014	Date of Injury:	08/07/1997
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 66 year old woman with a date of injury of 8/7/97. She was seen by her primary treating physician on 1/14/14 with complaints of back and right leg 7/10 pain with bilateral lower extremity numbness and tingling. She also reported intermittent falls. Her medications included Norco 10/325mg 3-4 times daily which is at issue in this review. The medications were said to decrease her pain but cause occasional nausea which was treated with Zofran. Her exam showed she was mobile with a four point cane. Her range of motion was decreased in her cervical, thoracic and lumbar spine. She had a well healed surgical spine incision with a palpable stimulator. She had some decreased sensation in her cervical and lumbar dermatomes and a positive straight leg raise on the right. Urine toxicology documented compliance with medications. Her diagnoses were failed back syndrome status post lumbar surgery with cervical and lumbar radiculopathy. She was encouraged to continue a home exercise program. At issue in this review is Orphenadrine citrate 100mg #60 for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate 100mg #60 for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ACOEM, Low Back: Table 2, Summary of Recommendations, Low Back Disorders. Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006,

and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website [drugs.com](http://www.drugs.com) and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page(s) 63-66 Page(s): 63-66. Decision based on Non-MTUS Citation Non-MTUS website Beer's Criteria for Potentially Inappropriate Medication Use in Older Adults, http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous treatment modalities including long-term use of several medications including narcotics. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. Additionally, Orphenadrine is listed in the Beer's Criteria for Potentially Inappropriate Medication Use in Older Adults as a medication to avoid as most muscle relaxants are poorly tolerated by older adults because of anticholinergic adverse effects, sedation and risk of fracture, especially in a patient with documented falls. The MD visit of 1/14 fails to document any spasm to justify muscle relaxant use or a discussion of potential side effects with the use of this medication in an older adult. The medical necessity for Orphenadrine is not supported in the records.