

<b>Case Number:</b>	CM14-0051726		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 11/02/2009; the mechanism of injury was not provided. On 06/03/2014, the injured worker presented with chronic low back pain and left knee pain. The diagnoses were lumbar disc displacement without myelopathy and pain in the joint, lower leg. Examination of the left knee revealed a well-healed scar from arthroscopic surgery, no sign of erythema or warmth. The range of motion of the left knee was decreased. Prior medications included docusate sodium, Senokot, gabapentin, Cymbalta, orphenadrine (Norflex), morphine sulfate, aspirin, atenolol, lovastatin, and tamsulosin. The provider recommended orphenadrine- Norflex ER 100 mg with a quantity of 90; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine - Norflex ER 100 MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, page(s) 63 Page(s): 63.

**Decision rationale:** The request for orphenadrine- Norflex ER 100 mg with a quantity of 90 is non-certified. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for shortterm treatment of acute exacerbations. They show no benefit beyond NSAIDs and pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some of these medications in this class may lead to dependence. The injured worker has been prescribed orphenadrine- Norflex since at least 03/2014; the efficacy of the medication was not provided. The provider's request for orphenadrine- Norflex 100 mg with a quantity of 90 exceeds the guideline recommendations of shortterm treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.