

<b>Case Number:</b>	CM14-0067395		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 09/16/2003. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the bilateral neck and upper extremities. The injured worker developed chronic pain that was managed with a home exercise program and multiple medications. The injured worker's medication schedule included Norco 7.5/325 mg, Naproxen 550 mg, and Norflex 4 mg. It was also noted that the injured worker used Zanaflex 4 mg and Ketoprofen cream. The injured worker was evaluated on 03/07/2014. Physical findings included tenderness to palpation of the cervical spine extending into the bilateral trapezius region with limited range of motion and 5-/5 motor strength in the bilateral upper extremities. The injured worker's diagnoses included status post posterior fusion at the C5-6 and C6-7, and chronic neck pain. The injured worker's treatment plan included continuation of medications. A request for authorization for Naproxen Sodium, Orphenadrine Citrate, and Hydrocodone was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg ER #60:** Upheld

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

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

**Decision rationale:** The requested Orphenadrine Citrate 100 mg extended release #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short term treatment of acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 01/2014. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. Therefore, continued use of this medication would not be indicated in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Orphenadrine Citrate 100 mg extended release #60 is not medically necessary or appropriate.