

<b>Case Number:</b>	CM14-0072369		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Orthopedic Surgery 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:

The claimant is a 49-year-old gentleman sustained a low back injury on 02/12/08 while lifting a water heater. The records provided for review document that following a course of conservative measures, the claimant underwent a lumbar fusion. The 02/24/14 follow up office note documented chronic complaints of neck and low back pain. Physical examination revealed restricted range of motion, positive straight leg raising and diminished sensation to light touch in the right foot. The claimant is currently being treated with medication management and a prescription of Orphenadrine is being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate ER tablets 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 63-65, 68-69 and 11-113.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines do not support the continued use of Orphenadrine citrate, a muscle relaxant. The claimant is in the chronic stage of treatment for an injury that occurred over six years ago. The Chronic Pain

Guidelines do not recommend the chronic use of muscle relaxants without documentation of an acute symptomatic flare. According to the Chronic Pain Guidelines, muscle relaxants should be utilized with caution only as a second-line agent in the acute inflammatory process. Without documentation of acute clinical findings indicating a flare of symptoms, the chronic or ongoing use of this muscle relaxant Orphenadrine citrate would not be supported.