

<b>Case Number:</b>	CM14-0078457		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine & Rehabilitation 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 43-year-old female with an 8/17/05 date of injury. At the time (3/31/14) of request for authorization for Orphenadrine Citrate ER 100 mg # 60, there is documentation of subjective (neck pain radiating into hands, radiation of muscle spasms to right upper extremity with numbness and tingling to hands and fingers, and very painful muscle spasm in right tricep. Objective (tenderness with right trapezius spasm found with palpation of the cervical and lumbar paraspinals, range of motion of cervical and lumbar spines decreased in all planes. Decreased sensation to right C6 and C7 dermatomes, pain to palpation of right tricep with spasm, 4+/5 motor exam for right deltoids, biceps, and internal and external rotators, 4/5 for right wrist extensors and flexors, and grip strength limited by pain. The current diagnoses (multilevel herniated nucleus pulposus of the cervical spine with most significant at C5-C6 with contact and distortion of the ventral surface of the cervical cord, herniated nucleus pulposus of lumbar spine at L4-L5 with mild stenosis and annular fissure, facet arthropathy of the lumbar spine, myelopathy, right scapholunate ligamentous injury per MRI, bilateral shoulder impingement bursitis, cervical radiculopathy, and lumbar radiculopathy), and treatment to date. Medications including ongoing treatment with Orphenadrine Citrate since at least 2/6/14, which helps, decrease her pain and increase ability to function and sleep. Epidural steroid injections, physical therapy, TENS unit, and chiropractic therapy. There is no (clear) documentation of acute muscle spasms and the intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of multilevel herniated nucleus pulposus of the cervical spine with most significant at C5-C6 with contact and distortion of the ventral surface of the cervical cord, herniated nucleus pulposus of lumbar spine at L4-L5 with mild stenosis and annular fissure, facet arthropathy of the lumbar spine, myelopathy, right scapholunate ligamentous injury per MRI, bilateral shoulder impingement bursitis, cervical radiculopathy, and lumbar radiculopathy. In addition, given documentation that Orphenadrine Citrate helps decrease her pain and increase ability to function and sleep, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Orphenadrine Citrate use to date. However, despite documentation of muscle spasms, and given documentation of an 8/17/05 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Orphenadrine Citrate since at least 2/6/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate ER 100 mg # 60 is not medically necessary.