

<b>Case Number:</b>	CM14-0185810		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/21/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 47-year-old man with a date of injury of August 21, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are closed fracture of unspecified vertebra without spinal cord injury; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified (NOS) ; myalgia and myositis, NOS; osteoarthritis, unspecified site, NOS; depressive disorder, not elsewhere classified; lumbago; sleep disturbance, NOS; encounter for long-term use of other medications; and electronic prescribing enabled. Pursuant to the pain management progress note dated October 9, 2014, the IW complains of low back pain and right foot pain. The pain has been present for several years. Objectively, the injured worker's gait and movements are within baseline. The IW appears neurologically intact without apparent gross deficiencies that are altered from their baseline. There is no objective documentation referable to the low back or right foot complaints. Current medications include Naproxen Sodium 550mg, Omeprazole Dr 20mg, Orphenadrine Er 100mg, Venlafaxine Hcl 75mg, and Norco 10/325mg. The documentation indicates the IW was taking Cyclobenzaprine 7.5 mg (a muscle relaxant) in a June 3, 2014 progress note. The documentation indicates Cyclobenzaprine was being changed to a different muscle relaxing. The duration of cyclobenzaprine is unclear based on the documentation. The indication for Orphenadrine is not documented in the medical record. The treating physician prescribed Cyclobenzaprine in June 2014. There is no clinical rationale or clinical indication for another muscle relaxant (Orphenadrine) documented in the medical record. There is no documentation containing objective functional improvement with Orphenadrine. The current request is for Orphenadrine ER 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65 and 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine ER 100 mg is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are closed fracture of unspecified vertebra without spinal cord injury; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; myalgia and myositis not otherwise specified; osteoarthritis not otherwise specified, unspecified site; depressive disorder; lumbago; and sleep disturbance. The documentation indicates the injured worker was taking cyclobenzaprine 7.5 mg (a muscle relaxant) in a June 3, 2014 progress note. The documentation indicates Cyclobenzaprine was being changed to a different muscle relaxant. The duration of cyclobenzaprine use was unclear based on the documentation. Orphenadrine ER 100mg appears in an October 9, 2014 progress note. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment and exacerbations of chronic low back pain. The indication for Orphenadrine is not documented in the medical record. Cyclobenzaprine was prescribed by the treating physician in June 2014. There is no clinical rationale or clinical indication for another muscle relaxant (Orphenadrine) documented in the medical record. There is no documentation containing objective functional improvement with Orphenadrine. Additionally, the treating physician exceeded the recommended guidelines for use (less than two weeks). Consequently, absent the appropriate guideline recommendations for short-term use, and objective functional improvement with cyclobenzaprine and Orphenadrine, Orphenadrine ER 100 mg is not medically necessary.