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| <b>Case Number:</b>   | CM14-0189491 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 09/29/2008 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 10/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2014 |

### 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 Occupational Medicine and is licensed to practice in California, Hawaii and Iowa. 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:

This case is a 59 year old female with a date of injury on 9/29/2008. A review of the medical records indicates that the patient has been undergoing treatment for cervical spondylosis, right shoulder impingement bilateral thumb arthritis, lumbar syndrome, and bilateral knee pain. Subjective complaints (8/26/2014) include left knee pain, tenderness in neck and right shoulder, low back pain that radiates to hips and right leg. Objective findings (8/26/2014) include pain at base of the neck without muscle spasms, positive impingement signs to right shoulder, mild central lumbosacral tenderness, and left knee medial joint line pain. Treatment has included flexeril, Norco, Celebrex, total right knee replacement, Mobic, Lexapro. A utilization review dated 10/24/2014 non-certified a request for 1 Prescription for Orphenadrine citrate ER 100mg QTY: 60.00 d/s 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Orphenadrine citrate ER 100mg QTY: 60.00 d/s 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain)

**Decision rationale:** Norflex is classified as a muscle relaxant. California Medical Treatment Utilization Schedule (MTUS) states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long term use of muscle relaxants. ODG recommends limited muscle relaxant usage to 2 weeks in duration. The patient has been on this muscle relaxant since at least 5/2014 and other muscle relaxants for greater than a year. Guidelines recommend against long term muscle relaxant usage. The treating physician has not detailed how NSAIDs is inferior to norflex, per MTUS guidelines. As written, the prescription is for 30 days of medication, which is still in excess of the recommended 2 week limit. The medical documents do not indicate extenuating circumstances to allow for exceptions to the guidelines. As such, the request for 1 Prescription for Orphenadrine citrate ER 100mg QTY: 60.00 d/s 30 is not medically necessary.