

<b>Case Number:</b>	CM14-0206094		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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:

50 year old male truck driver injured his neck, right shoulder, right knee, mid back and lower back at work on 29 May 2013. He was diagnosed with neck strain, right shoulder strain, right knee strain and low back strain. On the last exam available for review (6 May 2014) the patient complained of continued pain in mid and lower back, right knee, right shoulder and right elbow. The pain was worse with pushing, pulling, reaching, standing, sitting and lifting. He also noted muscle spasms and swelling. He fell twice due to pain. Exam showed tenderness in right shoulder subacromial bursa, right medial epicondyle, T8-12, L3-5 and medial lateral joint line of right knee associated with decreased range of motion. Right hip MRI (19 Aug 2014) showed normal right hip. Lumbar MRI (20 Aug 2104) showed degenerative disc changes at L2-3, L3-4, L4-5, L5-S1 with nerve root compromise at each level, worse at L5-S1. Right knee MRI (21 Aug 2014) showed degeneration of medial meniscus. Drug screen (6 May 2014) was negative. Treatment has included physical therapy, acupuncture (not helpful), chiropractic manipulation and medication (orphenadrine [since May 2014] and FCMC-keto cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 41-2, 63-5.

**Decision rationale:** Orphenadrine is classified as a sedating antispasmodic skeletal muscle relaxant. It is recommended to be used two times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only, as their efficacy appears to diminish over time and they may actually hinder return to function. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. Additionally, orphenadrine has been reported in case studies to be abused due to a euphoria effect. This patient has been on orphenadrine therapy for over 6 months and he continues to experience muscle spasms despite being on the maximum dosing schedule. Since there is no documented effect from this medication that would suggest its chronic use is improving the patient's mobility, medical necessity for continued use of this medication has not been established.