

<b>Case Number:</b>	CM14-0207698		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Pain 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 is a 61-year-old male with an original industrial injury on August 1, 2012. The covered body regions as part of the industrial claim included lumbar spine, mental/psyche, and it is further noted that there is a denial of soft tissue and internal organ injuries as part of this industrial claim. The patient has continued chronic low back pain, lumbar radiculopathy, and lumbar facet arthropathy. Conservative treatments have included pain medications, pool therapy, epidural steroid injections, and medial branch blocks. The disputed issue is a request for orphenadrine. This was denied in a utilization review on date of service December 9, 2014. The rationale was that there was no explicit documentation of muscle spasm on physical examination, or documentation of functional improvement from use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** In regard to the request for orphenadrine, Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex (Orphenadrine), the guidelines state: "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. 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." In the submitted medical records available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The medication has been prescribed since at least 6/19/2014 and therefore a current continuation of this is not in accordance with guidelines. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.