

<b>Case Number:</b>	CM14-0209302		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 68 year old male with an injury date of 04/07/11. Based on the 11/26/14 progress report provided by treating physician, the patient complains of low back pain radiating to the lower extremities with pain rated at 7/10. Physical examination to the back revealed tenderness to palpation over the shoulder. Range of motion was decreased, especially on flexion 30 degrees. Patient has had 26 sessions of chiropractic therapy with 50% relief in pain. Patient had a TFESI on 11/05/14. Patient's current medications include Tramadol, Prilosec, Orphenadrine, Nabumetone and Aleve. EMG/NCS of the bilateral lower extremities date 03/06/14 whow abnormal with evidence of distal symmetric polyneuropathy affecting the bilateral extremities. CT scan of the lumbar spine without contrast dated 07/07/14 shows prominent inferior end plate ridging at L2 and L3. Per AME report 07/15/14, the patient is TTD.Diagnosis (11/26/14)- Lumbar radiculopathy- DDD of the lumbar spine- Retrolistheses at L2-3 and L3-4- Grade I spondylolisthesis at L4-5- Facet arthropathy in lumbar spine- Right shoulder arthralgiaThe utilization review determination being challenged is dated 12/08/14. No rationale was given for decision.Treatment reports were provided from 02/03/14 to 11/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate 100mg ER #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63 through 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain)

**Decision rationale:** The patient presents with low back pain radiating to the lower extremities with pain rated at 7/10. The request is for ORPHENADRINE CITRATE 100MG ER #120. Patient has had 26 sessions of chiropractic therapy with 50% relief in pain. Patient had a TFESI on 11/05/14. Patient's current medications include Tramadol, Prilosec, Orphenadrine, Nabumetone, and Aleve. EMG/NCS of the bilateral lower extremities date 03/06/14 that abnormal with evidence of distal symmetric polyneuropathy affecting the bilateral extremities. CT scan of the lumbar spine without contrast dated 07/07/14 shows prominent inferior end plate ridging at L2 and L3. Per AME report 07/15/14, the patient is TTD. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Ban flex, 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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not documented reason for the request, nor discussed the effect of this medication on patient's pain. Patient has been prescribed Orphenadrine per progress report dated 06/25/14 until progress report dated 11/26/14. It has been at least 6 months since this muscle relaxant has been prescribed to the UR date of 12/08/14. The patient has low back pain; however, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Therefore, the request is not medically necessary.

**Tramadol 200mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with low back pain radiating to the lower extremities with pain rated at 7/10. TRAMADOL 200MG #90. Patient has had 26 sessions of chiropractic therapy with 50% relief in pain. Patient had a TFESI on 11/05/14. Patient's current medications include Tramadol, Prilosec, Orphenadrine, Nabumetone, and Aleve. EMG/NCS of the bilateral lower extremities date 03/06/14 that abnormal with evidence of distal symmetric polyneuropathy affecting the bilateral extremities. CT scan of the lumbar spine without contrast dated 07/07/14

shows prominent inferior end plate ridging at L2 and L3. Per AME report 07/15/14, the patient is TTD. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There are no UDS's, CURES or opioid pain contracts. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request is not medically necessary.