

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0011270 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 08/15/2014 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2015 |

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female, who sustained an industrial injury on 08/15/2014. She has reported symptoms of right shoulder, arm, and hand pain with associated symptoms of numbness and tingling sensation secondary to repetitive work of typing, writing, and finger and hand manipulation. Diagnoses include cervical sprain and lumbar sprain/strain. Treatment to date has included physical therapy, medication regimen, and magnetic resonance imaging of the bilateral wrists. In a progress note dated 12/11/2014, the injured worker reports continued pain to the bilateral hands and wrists along with numbness, tingling, decreased grip, and decreased strength to the bilateral hands. The treating physician requested treatment with the medication Orphenadrine ER, but the documentation provided does not indicate the reason for this requested medication. On 12/19/2014 Utilization Review denied the requested treatment Orphenadrine ER 100mg with a quantity of 60 for two refills but allowed a modification to a one month supply for weaning, noting the California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg # 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** MTUS recommends muscle relaxants only for short durations such as for an acute exacerbation of low back pain. This request is for 60 tablets with 2 refills, thus suggesting ongoing use of this muscle relaxant which is not supported by the treatment guidelines. The records do not provide a rationale for an exception to the treatment guidelines. This request is not medically necessary.