

<b>Case Number:</b>	CM15-0133624		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52-year-old male, who sustained an industrial injury on 07-20-2012. On provider visit dated 05-20-2015 the injured worker has reported bilateral knee pain. On examination, bilateral knees were noted to have muscular spasm. Pain was noted to exacerbate by repetitive activities. The diagnoses have included osteoarthritis and patellafemoral pain. Treatment to date has included laboratory studies and medication. The provider requested Orphenadrine 50mg/ Caffeine 10 MG #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 50mg/ Caffeine 10 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

**Decision rationale:** Orphenadrine 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. . It is recommended for short

course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. In this case, the claimant was provided Orphenadrine for over a week. There was no indication of spasms. In addition, the use of Caffeine is not justified. The use of Orphenadrine/Caffeine is not medically necessary.