

<b>Case Number:</b>	CM15-0133731		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male, who sustained an industrial injury on October 5, 2012. Treatment to date has included medications, physical therapy, injections, diagnostic evaluations, ice therapy and extracorporeal shockwave therapy. The injured worker was evaluated on June 17, 2015 and pain of the right shoulder and cervical spine. He rated his pain a 7-8 on a 10-point scale. On physical examination, the evaluating physician noted that the injured worker had not changes. The diagnoses associated with the request include herniated disc of the cervical spine, cervical spine sprain-strain and shoulder impingement. The treatment plan includes Norflex-Orphenadrine ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex/Orphenadrine ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), (2) Orphenadrine, Page(s): 63, 65.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for neck and right shoulder pain. When seen, pain was rated at 7-8/10. Physical examination findings were unchanged. A previous assessment documents decreased cervical range of motion with muscle spasms. Medications were prescribed. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and the quantity being prescribed is consistent with intended long-term use. Prescribing orphenadrine XR was not medically necessary.