

Case Number:	CM15-0141954		
Date Assigned:	07/31/2015	Date of Injury:	08/09/2007
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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 65 year old female, who sustained an industrial injury on August 09, 2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical radiculopathy, cervical degenerative disc disease, chronic neck pain status post surgical fusion, cervical myofascial strain, and cervical herniated nucleus pulposus. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, post injections to the neck, above noted procedure, and medication regimen. In a progress note dated June 11, 2015 the treating physician reports complaints of pain to the head, neck, shoulders, and upper back with the pain radiating to the right arm and wrist. The injured worker also noted associated symptoms of weakness to the bilateral hands along with dropping of items, spasms to the neck and back, and cramping to the wrists. Examination reveals spasms to the cervical paraspinal muscles and the trapezius muscle, tenderness to the carpometacarpal joints, bilateral hands, cervical paraspinal muscles, left trapezius muscles, cervical facet joints with positive loading to the right, decreased range of motion to the cervical spine, and decreased sensation from cervical five through seven. The injured worker's medication regimen included Norflex ER, over the counter Tylenol and previous use of Flexeril, Anaprox, Norco, and Ketoprofen. The injured worker's pain level was rated an 8 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician noted that the injured worker had an improvement in pain with

her medication regimen, but the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Orphenadrine Citrate ER (Norflex ER) 100mg with a quantity of 60 noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Orphenadrine citrate ER 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: Orphenadrine is a muscle relaxant that is similar to Diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Flexeril previously as well as Orphenadrine for over a months in combination with NSAIDS and opioids. Continued and chronic use of Orphenadrine is not medically necessary.