

<b>Case Number:</b>	CM15-0143858		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 66 year old male, who sustained an industrial injury on September 30, 2005. He reported low back pain. The injured worker was diagnosed as having lumbar and thoracic spine strain. Treatment to date has included functional restoration program, bilateral SI joint injection, lumbar epidural steroid injections, medications, toxicology screen and physical therapy and chiropractic care. Currently, the injured worker complains of low back pain that radiates to his left lower extremity associated with intermittent numbness and tingling and occasional right sided back pain. He reports his pain level is dependent upon the weather (cold weather causes an increase in pain and stiffness) and degree of activity. He reports difficulty walking when he gets up in the morning and his back occasionally locks up when he is walking. He reports back spasms averaging 8 to 10 times a month. The injured worker is currently diagnosed with lumbar spinal stenosis, sacrum disorders and sciatica. His work status is permanent and stationary with permanent disability. In a progress note dated June 22, 2015, it states the injured worker takes Orphenadrine during times of muscle spasms and he reports therapeutic efficacy. The note also states, the injured worker reports the pain medication reduces his pain level from 7 on 10 to 3-4 on 10. The note further states, due to his medication regimen, the injured worker is able to experience improved function and engage in activities of daily living. The injured worker experienced some benefit from the functional restoration program and temporary relief from the injections, per note dated June 22, 2015. The medication, Orphenadrine ER 100 mg #30 is requested to continue to provide the injured worker relief from muscle spasms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

**Decision rationale:** Orphenadrine ER 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 for several months and subsequently Orphenadrine ER for several months in combination with NSAIDs and opioids. Continued and chronic use of Orphenadrine ER is not medically necessary.