

<b>Case Number:</b>	CM15-0145577		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 47 year old male, who sustained an industrial injury on November 17, 2014. He reported an injury to his head, low back and right ankle in a fall. He was diagnosed with traumatic brain injury, low back pain and scalp laceration. Treatment to date has included wound care, diagnostic imaging, home exercise program, medications and physical therapy. Currently, the injured worker complains of low back pain and right ankle pain, swelling and instability. He reports low back pain with some radiation of pain and weakness to the right leg. On physical examination the injured worker has marked tenderness to palpation over the lumbar spine with spasm. His lumbar range of motion is restricted and he has full reversal of lumbar lordosis. He rises with difficulty and pain and he has positive straight leg raise tests. The injured worker ambulated with a right antalgic gait and he has tenderness to palpation over the right foot and ankle. He has marked swelling of the ankle and has a full range of motion. His anterior drawer signs and lateral stress test is positive. The diagnoses associated with the request include clinical evidence of lumbar disc herniation and right ankle sprain with instability. The treatment plan includes aggressive physical therapy, Orphenadrine-caffeine, gabapentin-pyridoxine, omeprazole-flurbiprofen and topical compound medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment of muscle relaxant/ caffeine and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Orphenadrine 50mg / Caffeine 10mg #60 is not medically necessary and appropriate.