

<b>Case Number:</b>	CM15-0163058		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 42-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 14, 2005. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for orphenadrine (Norflex). The claims administrator referenced an RFA form receipt on August 4, 2015 and an associated progress note of July 16, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of neck pain and headaches. The applicant had undergone earlier failed cervical fusion surgery and earlier failed shoulder surgery, it was reported. The applicant also received trigger point injections, acupuncture, manipulative therapy, and physical therapy, it was reported. The applicant's medications included Cymbalta, LidoPro, Tylenol with Codeine, and naproxen, it was reported. Several of the same were refilled. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On June 3, 2015, it was acknowledged that the applicant was not working, but was apparently enrolled in a school program of some kind.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** No, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex (orphenadrine) are recommended with caution as second-line options to treat acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of orphenadrine at issue implies chronic, long-term, and/or twice-daily usage, i.e. usage, in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.