

<b>Case Number:</b>	CM15-0180792		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 53-year-old male, with a reported date of injury of 06-09-2011. The diagnoses include cervical post-laminectomy syndrome, cervicobrachial syndrome, neck pain, and shoulder joint pain. Treatments and evaluation to date have included a functional capacity evaluation, Omeprazole, Percocet, Orphenadrine (since at least 10-2014), Oxycontin, Aspirin, and myelogram of the lumbar spine and injection on 01-22-2015. The diagnostic studies to date have included a urine drug screen dated 06-05-2015 which was positive for methadone, oxycodone, and tricyclics; a urine drug screen dated 05-08-2015 which was positive for methadone, oxycodone, and tricyclics; a urine drug screen dated 03-23-2015 which was positive for benzodiazepine, methadone, oxycodone, and tricyclics; a CT scan of the lumbar spine on 01-22-2015 which showed degenerative changes of the lumbar spine with severe spinal canal stenosis and mild bilateral neural foraminal narrowing; a urine drug screen dated 12-12-2014 with negative findings; and electrodiagnostic studies of the lower extremities on 12-11-2014 with evidence of a primarily axonal, motor and sensory polyneuropathy involving the lower limbs. The medical report dated 08-14-2015 indicates that the injured worker continued to have persistent and severe shoulder pain with associated symptoms of sleeplessness and muscle spasms. He was able to work 12-hour shifts three days one week and 4-5 days the next week. It was noted that he used Oxycontin and Norflex three times a day. He stated that without the medications, he had muscle spasms almost all day and would not be able to work. The injured worker had no sedation side effects from either medication. The objective findings include

normal muscle tone without atrophy in the bilateral upper extremities, numbness and weakness, and decreased sensation in the L2, L3, L4, right L5, and right S1 dermatomes. It was noted that the injured worker had internal derangement of the shoulder. The treatment plan included the refill of Norflex. The injured worker was noted as permanent and stationary; and there was a trial back to full duty work as of 06-30-2014. The request for authorization was dated 08-19-2015. The treating physician requested Orphenadrine (Norflex) ER (extended-release) 100mg #90. On 08-25-2015, Utilization Review (UR) non-certified the request for Orphenadrine (Norflex) ER (extended-release) 100mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orphenadrine-Norflex ER 100 MG Qty 90:** 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:** Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Orphenadrine Norflex 100 mg #90 is not medically appropriate or necessary.