

<b>Case Number:</b>	CM15-0184732		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 59 year old female, who sustained an industrial injury on 6-22-2006. Medical records indicate the worker is undergoing treatment for idiopathic scoliosis of the thoracolumbar spine with mechanical back pain and lumbar radiculopathy, status post segmental instrumentation with pedicle screw, right lumbar 5-sacral 1 radiculopathy and major depression. The only progress report was dated 3-18-2015, reported the injured worker complained of back pain, rated 4-7 out of 10. Physical examination revealed decreased sensory to palpation at the right lumbar 5-sacral 1 dermatomes and bilateral diminished reflexes. Treatment to date has included Theramine, Diclofenac ER, Gabapentin, Orphenadrine Citrate and Tramadol ER. The physician is requesting Orphenadrine citrate ER 100mg #60. On 8-21-2015, the Utilization Review noncertified the request for Orphenadrine citrate ER 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate ER 100mg #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:** The patient presents with low back pain, radiating to the right lower extremity. The request is for orphenadrine citrate ER 100mg #60. Examination to the lumbar spine by 03/18/15 revealed decreased sensory to pinprick at the right L5-S1 dermatomes. Reflex was diminished bilaterally. Patient's diagnosis, per 03/18/15 progress report include idiopathic scoliosis of the thoracolumbar spine with mechanical back pain and lumbar radiculopathy, s/p segmental instrumentation with xia pedicle screw from T9 to S1 on 2/21/2008, right L5 and S1 radiculopathy, major depression crisis. Patient's medications, per 03/18/15 progress report include Neurontin, Voltaren ER, Ultram, and Norflex. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, only one progress report was provided in which the treater did not discuss this request; no RFA was provided either. In progress report dated 03/18/15, under Plan, it is stated: "Reduce Norflex 100mg to bid #60." It is not clear how long the patient has utilized Orphenadrine. The treater has not indicated the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Furthermore, the guidelines do not recommend long-term use of this medication, beyond 2- 3 weeks, and the requested 60 count does not imply short term use. Therefore, the request is not medically necessary.