

<b>Case Number:</b>	CM15-0196343		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/21/2002
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, North Carolina  
 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 62 year old female, who sustained an industrial injury on 8-21-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar stenosis, lumbar facet arthropathy, lumbar myofascial strain, lumbar degenerative disc disease, lumbago, cervical degenerative disc disease, cervical radiculitis, and thoracic myofascial strain. On 8-26-2015, the injured worker reported her symptoms worse with constant aching and stabbing neck pain rated 5 out of 10 that was 60% left and 40% right and radiated into her bilateral upper extremities to all digits of the hands, aching pain in the left shoulder and left elbow with radiating numbness and tingling in her bilateral upper extremities to the 2nd-4th digits, weakness in her bilateral upper extremities, constant mid back pain that radiated into her left rib cage rated 9 out of 10, and constant aching low back pain rated 4-5 out of 10 and intermittent stabbing pain rated 7-8 out of 10, with radiation into her right buttocks, and cramping pain into the bilateral calves. The injured worker's pain ratings were noted to be increased since the 7-30-2015 visit. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker reported frequent spasms and tightness in her back since the previous visit with "medications provide 50-60% for 36 hours". The injured worker's current medications were noted to include Norco, Norflex, Senokot, and Fentanyl patches. The physical examination was noted to show hypertonicity in the bilateral T7-S1 paraspinals with tenderness to palpation, twitch responses at multiple levels, bilateral lumbar paraspinals and bilateral SI Joints, and flank pain on the lateral lower ribs. The injured worker was noted to have positive bilateral lumbar facet loading and moderately limited lumbar extension bilaterally and flexion,

with flexion causing the most pain. Prior treatments have included at least 3 sessions of acupuncture with no relief noted, at least 12 sessions of chiropractic treatments with no relief noted, physical therapy, transforaminal epidural steroid injection (ESI), medial branch blocks, TENS, and medications including Norco, Celebrex, Robaxin, Senokot, Cymbalta, Baclofen, and Xarelto for blood clot treatment. The treatment plan was noted to include Orphenadrine Citrate for severe spasms, prescribed since 7-30-2015, Norco, Fentanyl patches, Senna, and MRI for the thoracic spine. The injured worker was noted to have a urinalysis from 6-17-2015 that was consistent, a consistent CURES report, and no signs of misuse-abuse-divergence-addiction with prescribed medications. The injured worker's work status was noted to be not currently working. The request for authorization dated 8-26-2015, requested Orphenadrine citrate ER 100mg, #60. The Utilization Review (UR) dated 9-23-2015, non-certified 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, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** CA MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using for 3-4 days for acute muscle spasm and no more than 2-3 weeks total. Limited, mixed evidence does not allow for the chronic use of muscle relaxants. This patient has been using muscle relaxants since at least 7/30/2015, far exceeding recommended guidelines. Furthermore, there is no documentation of significant pain relief, improved function or return to work due to the use of orphenadrine. Therefore, the request for ongoing use of orphenadrine is not medically necessary or appropriate.