

<b>Case Number:</b>	CM15-0200487		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: 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 injured worker is a 50 year old female with an industrial injury dated 09-26-2012. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, shoulder joint pain, and sacrum disorders. According to the progress note dated 08-31-2015, the injured worker presented for refill of her medication. The treating physician reported that she has been compliant with the use of her medication. Pain level score was not documented in report. Current Medications include Orphenadrine-Norflex ER, Norco, Lipitor, and Phentermine. Objective findings (08-31-2015) were not documented in report. Treatment has included prescribed medications and periodic follow up visits. Medical records did not indicate how long the injured worker has been on Orphenadrine-Norflex ER. The utilization review dated 09-16-2015, modified the request for Orphenadrine-Norflex ER 100mg #45 (original: #90, 1 tab at bedtime).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #90, 1 tab at bedtime:** 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:** MTUS Guidelines are not supportive of the long term use of muscle relaxants for pain or as a sleep aid. The Guideline recommends limiting use of a few weeks and if they are highly beneficial, limited short term use for flare-ups is supported. This is being recommended on a long term basis and there are no unusual circumstances to justify an exception to the Guideline recommendations. The Orphenadrine-Norflex ER 100mg #90, 1 tab at bedtime is not supported by Guidelines and is not medically necessary.