

<b>Case Number:</b>	CM15-0213925		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Florida, 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 68 year old female who sustained an industrial injury on 08-21-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, radiculopathy and right knee joint pain. According to the treating physician's progress report on 09-18-2015, the injured worker continues to experience chronic neck pain, back pain radiating to the right lower extremity and right knee pain. Examination of the right knee demonstrated tenderness to palpation over the medial joint space with mild to moderate swelling. Flexion was reduced to 120 degrees with a positive McMurray's and pain with patellar compression. The right left extremity had decreased motor strength with flexion and extension noted at 4 out of 5. There were no documented changes of the lumbar spine. Electrodiagnostic studies performed on 04-13-2015 and lumbar magnetic resonance imaging (MRI) performed on 06-10-2014 reports were interpreted within the progress note dated 09-18-2015. Current medications were listed as Tramadol, Naproxen, Orphenadrine-Norflex (at least since 05-2015) and Ketamine cream. Treatment plan consists of discontinuation of Naproxen, continuing home exercise program, right knee surgical consultation and the current request for Orphenadrine-Norflex ER 100mg #90. On 10-08-2015 the Utilization Review determined the request for Orphenadrine-Norflex ER 100mg #90 was not medically necessary.

### 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: 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:** This claimant was injured now 3 years ago. The diagnoses were lumbar disc displacement without myelopathy, radiculopathy and right knee joint pain. There was still chronic pain. There was no mention of acute injury muscle spasm. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) 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. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. No signs of acute injury spasm were noted. The need for a muscle relaxant is not supported, and the request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.