

<b>Case Number:</b>	CM15-0217174		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Oregon,  
Washington Certification(s)/Specialty: Orthopedic  
Surgery

### 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 51 year old female who sustained an industrial injury on 11-14-2011. Medical records indicated the worker was treated for cervicgia, cervicobrachial syndrome. In the provider notes of 10-15-2015, the injured worker complained of an exacerbation of vertigo and neck pain. She complained of increasing dizziness since 10-12-2015. She was undergoing vestibular therapy appointments and had completed 9 of 24 sessions. She uses a cane for balance since the increase of vertigo. Her treatments have included a combination of acupuncture, massage, and craniosacral therapy once weekly. She continued to have neck pain, stiffness and discomfort. MRI on 02-10-2015 show degenerative disc disease C5-C7 with marked left foraminal stenosis C4-5 and marked right foraminal stenosis C3-4. Current medications include Naproxen, Orphenadrine Er (since at least 09-11-2015), Tramadol, Tizanide, and Nortriptyline. The treatment plan is to continue Naproxen, Orphenadrine, and occasional use of tramadol. No physical exam of the neck is described in the provider notes of 10-15-2015. A request for authorization was submitted for Orphenadrine Er 100 Mg #60. A utilization review decision 10-26-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Er 100 Mg #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 Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. As the patient has no evidence in the provided medical records of significant spasms objectively, the determination is for non-certification for Orphenadrine as it is not medically necessary and appropriate.