

<b>Case Number:</b>	CM15-0219883		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 2-8-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, lumbar facet arthropathy, lumbar radiculopathy, and right shoulder pain. On 9-22-2015, the injured worker reported neck pain, low back pain that radiated down the left lower extremity with numbness to the level of the toes and tingling, upper extremity pain in the right shoulder, and ongoing temporal headaches rated 7 out of 10 in intensity on average with medications since the previous visit and 9 out of 10 in intensity without medications since the previous visit, reported as worsened since the previous visit. The Primary Treating Physician's report dated 9-22-2015, noted the injured worker reported ongoing activities of daily living (ADLs) limitations due to pain rated 9 on a scale of 1 to 10 where 0 is no interference and 10 is unable to carry on any activities. The injured worker's current medications were noted to provide 50% improvement with the use of a muscle relaxant and non-steroid anti-inflammatory drugs (NSAIDs) noted to be "helpful" with the injured worker reporting decreased pain, increased level of functioning, and improved quality of life. The physical examination was noted to show spasms in the bilateral lumbar paraspinous musculature with tenderness to palpation in the spinal vertebral rea L4-S1 levels and tenderness to palpation at the right acromioclavicular joint and the right anterior shoulder with crepitation. Prior treatments have included chiropractic treatments, Motrin, and right shoulder cortisone injection. The treatment plan was noted to include recommendation to continue the home exercise program (HEP), a request for myofascial release therapy, and requests for authorization for Fenoprofen Calcium, Orphenadrine Citrate, and

Tramadol. The injured worker's work status was noted to be currently not working. The request for authorization dated 10-19-2015, requested Orphenadrine ER BID #60. The Utilization Review (UR) dated 10-27-2015, non-certified the request for Orphenadrine ER BID #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orphenadrine ER BID #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:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest any functional improvement from use of this medication to warrant the use of this medication. The request for Orphenadrine ER #60 is not medically necessary.