

<b>Case Number:</b>	CM15-0031602		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, California  
 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:

This is a 67 year old female patient, who sustained an industrial injury on June 15, 2011. She sustained the injury while helping patient during seizure to prevent fall. The diagnoses have included cervical sprain, derangement of the joint of the shoulder, status post right rotator cuff repair and status post left rotator cuff repair. Per the doctor's note dated 1/28/2015, she had complaints of discomfort in left shoulder and to a lesser degrees in the right shoulder. Per the doctor's note dated 12/16/2014, she had complaints of intermittent pain and weakness of the left shoulder. Physical examination of the left shoulder revealed slight tenderness to palpation anteriorly and laterally, decreased range of motion and negative impingement test. The medications list includes naproxen, ibuprofen, prilosec and orphenadrine. She has undergone right rotator cuff repair and left rotator cuff repair on 1/09/2014. She has had physical therapy for this injury. Current requested treatments include Orphenadrine ER 100 mg # 60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page 63 Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) page 65.

**Decision rationale:** Request: Orphenadrine ER 100mg #60 with 2 refills Orphenadrine is antispasmodic. Per the cited guidelines, it is used to decrease muscle spasm in conditions such as LBP for a short period of time. According to the cited guidelines "This drug 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 anti cholinergic properties". Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Muscle relaxants are recommended for a short period of time. The patient has had chronic bilateral shoulder pain. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without orphenadrine is not specified in the records provided. Evidence of muscle spasm or acute exacerbations is not specified in the records provided. The medical necessity of Orphenadrine ER 100mg #60 with 2 refills is not fully established for this patient at this time.