

Case Number:	CM15-0042774		
Date Assigned:	03/12/2015	Date of Injury:	05/29/2005
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana

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 62 year old female, who sustained an industrial injury on 05/29/2005. She has reported low back pain. The diagnoses have included lumbar sprain and strain; lumbar radiculopathy; lumbar degenerative disc disease; and lumbosacral spondylosis. Treatment to date has included medications and home exercise program. Medications have included Norco and Orphenadrine. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of ongoing back pain and stiffness; muscle spasms; and medications are helpful. Objective findings included tenderness to the lumbar paraspinal muscles. The treatment plan has included continuation of prescription medications. Request is being made for Orphenadrine (Norflex) 100 mg 1 PO BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (Norflex) 100 mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: Orphenadrine is classified as a muscle relaxant per MTUS. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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 anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long term use of muscle relaxants. Medical records do not indicate the how long the patient has been on this medication. The treating physician has not provided documentation of acute muscle spasms, documentation of functional improvement while on Orphenadrine, and the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for Orphenadrine is not medically necessary.