

<b>Case Number:</b>	CM15-0046908		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on October 21, 2011. The injured worker was diagnosed as having post-surgical laminectomy syndrome of the cervical spine, degenerative disc disease, cervicalgia, cervical facet syndrome and cervical radiculopathy. Treatment to date has included physical therapy from which he reports functional improvements and improvements with activities of daily living, medications and cervical epidural steroid injections which he reported provided relief for 1.5 months. Currently, the injured worker complains of neck pain which he rates a 7 on a 10 point scale. He reports difficulties with activities of daily living, difficulty swallowing and loss of range of motion, numbness, tingling and weakness in the bilateral upper limbs and trouble grasping. He reports that heat, medication and warm baths alleviate his symptoms. The evaluating physician noted that the injured worker uses Orphenadrine citrate and reports moderate pain relief and less muscle spasm related to his use of the medication. His treatment plan includes continuation of medications including Orphenadrine ER, imaging of the gastrointestinal system and barium swallow and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg (Twice Daily) #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

**Decision rationale:** The patient presents with neck pain, rated 7/10. The request is for Orphenadrine ER 100MG (twice daily) #60. The diagnoses, per RFA dated 12/22/14 included post-surgical laminectomy syndrome of the cervical spine, degenerative disc disease, cervicgia, cervical facet syndrome and cervical radiculopathy. Patient's medications have consistently included Orphenadrine ER, Norco, Relafen, Prilosec, Pamelor and Nortriptyline. The patient is working with restrictions. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: 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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per requesting report 01/30/15 treater states, "For anti-spasmodic effect to treat muscle spasm, he is prescribed Norflex ER which he takes regularly and reports moderate pain relief and less muscle spasm." In medical records provided, Orphenadrine ER was first mentioned in progress report dated 08/19/14. MTUS guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.