

<b>Case Number:</b>	CM15-0047069		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 49 year old female sustained an industrial injury on 8/1/09. She subsequently reported neck, back and bilateral upper extremity pain. Diagnostic testing has included nerve conduction studies and MRIs. Diagnoses include cervicalgia. Treatments to date have included injections, TENS treatment, right shoulder surgery and prescription pain medications. The injured worker continues to complain of back and neck pain as well as psychiatric issues. A request for Orphenadrine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100mg quantity 30:** 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 9792.20 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities and use of several medications

including narcotics, NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fails to document a discussion of goal or efficacy with regards to pain and functional status or a discussion of side effects specifically related to Orphenadrine to justify use. The medical necessity of Orphenadrine is not substantiated in the records.