

Case Number:	CM14-0115082		
Date Assigned:	08/04/2014	Date of Injury:	08/07/1997
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 66-year-old female was reportedly injured on August 7, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities with numbness and tingling in the feet. Current medications include Norco, Zofran, trazodone, Norflex, and Effexor. The physical examination demonstrated the use of a cane for ambulation. There was decreased range of motion throughout the lumbar spine. A neurological examination revealed decreased sensation at the right C5-C8 dermatomes and muscular strength of 4/5 in the lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery and the use of a spinal cord stimulator and a TENS unit. A request had been made for orphenadrine and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg QTY 60 (30 day supply) for neck/ lumbar as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2010; Physician's Desk Reference, 68th edition; www.rxlist.com; ODG, Workers' Compensation Drug Formulary. www.odg-twc.com/odgtwc/formulary.htm; drugs.com, Epocrates online, www.online.epocrates.com;

Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov; and ACOEM-
[https://www.acoempracguides.org/Low back; table 2, summary of recommedations, Low Back Disorders](https://www.acoempracguides.org/Low%20back;table%20summary%20of%20recommedations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 65.

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. The review of the attached medical record does not indicate that the injured employee is intolerant to gabapentin. As such, this request for orphenadrine is not medically necessary.