

Case Number:	CM14-0117206		
Date Assigned:	09/16/2014	Date of Injury:	07/21/2011
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational and Environmental Medicine, and is licensed to practice in Colorado. 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 injured worker is a 33-year-old male who sustained an industrial injury on July 21, 2011 when he experienced back pain after attempting to lift a rollup door in the back of his truck. An MRI of the lumbar spine was completed on October 31, 2011 and revealed degenerative changes including a broad-based posterior protrusion at the L5-S1 level. The protrusion contacts both exiting L5 nerve roots. There is mild spinal canal stenosis at the L4-5 level secondary to 2 mm central protrusion with associated annular fissuring. There is also a 3-mm grade 1 anterolisthesis of L5 on S1 secondary to degenerative disc disease. Symptoms as of December 12, 2012 include pain in the central lower back, and going down the right lower limb in a sciatic distribution to about the knee and occasionally to the right foot and no numbness but with some tingling in the right lower limb and sometimes weakness in the right leg. Findings included no paravertebral muscle spasm and no local tenderness over the spines, paraspinal muscles, sacroiliac joints, or sacrosciatic notches, normal gait and heel and toe walking, negative Patrick and Trendelenburg tests, symmetrical range of active hip motion and reflexes of the quadriceps (knees) are symmetrical at 1, and no sensory loss to pinpoint in the lower extremities in a nerve root pattern. Diagnostic tests include electrodiagnostic studies with an impression of moderate acute right L5 and S1 lumbosacral radiculopathy with axonal loss. MRI scan performed found degenerative change is and posterior protrusion L5-S1 of about 6 mm with displacement of the L5 nerve root and mild canal stenosis. At L4-5, there is mild canal stenosis and a grade 1 anterolisthesis of L5 on S1 secondary to degenerative disk disease. Treatment included physical therapy, chiropractic, traction therapy, lumbar epidural steroid injection, facet joint injections, multiple medications, medial branch block at bilateral L5, and radiofrequency ablation of lumbar facet joints at bilateral L5 as of 8/30/12. Denied recommended treatments include percutaneous discectomy with IDET procedure at L4-5 and L5-S1. The medication ORPHENADRINE

100MG BID #60 was requested on 6/17/14 and denied by UR on 6/25/14. According to the UR report on 6/25/14 there is a summary of a medication report that the worker was switched from cyclobenzaprine to Orphenadrine in April of 2014 and this was refilled on May 23, 2014. And, there is a summary that on May 23, 2014 pain was listed as 3-6/10 with medications and 9/10 without and that there were prescriptions for Diclofenac for pain, Cetirizine (Antihistamine) to decrease swelling and inflammation, Ultram ER for pain, Neurontin and Amitriptyline for neuropathic pain, and Orphenadrine Citrate 100mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100MG #60: 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 Pain Interventions and Treatments Page(s): 41-42, 60, 63.

Decision rationale: The available medical records do not include documentation of symptoms or function in the relative timeframe to this medication request. Specifically, there are no medical records from 2014 for direct review. There is reference to the medical records from April, May, in June of 2014 within the Utilization Review report dated June 25, 2014. The record states that the medication to Orphenadrine was originally prescribed as a substitute for Flexeril in April of 2014, then refilled in May of 2014, and then, were requested again as a refill for another 30 consecutive days on June 17, 2014. The request for refill prescription for Orphenadrine appears to represent the third consecutive month of use of this medication, presumed for muscle relaxant properties. This request for refill represents chronic utilization of the medication. According to the MTUS, Orphenadrine 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. According to the MTUS muscle, relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In addition, the relief of pain with the use of this medication is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The available records do not document an improvement in either pain or function as a function of Orphenadrine use and the prescription appears to be for long-term, rather than short term, use. Therefore, the request for Orphenadrine is not recommended as medically necessary or appropriate. According to the MTUS, Orphenadrine 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. According to the MTUS muscle relaxants are recommended as a second-line option for short-term treatment of acute

exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In addition, the relief of pain with the use of this medication is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The available records do not document an improvement in either pain or function as a function of Orphenadrine use and the prescription appears to be for long-term, rather than short term, use. Therefore, the request for Orphenadrine is not recommended as medically necessary or appropriate.