

<b>Case Number:</b>	CM14-0139737		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/19/2007
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 54 year old male who reported a date of injury of 04/19/2007. The mechanism of injury was not indicated. The injured worker had diagnoses of left knee sprain with arthritis and chronic pain status post joint injection, reactive anxiety/depression secondary to chronic knee pain, severe knee pain and posttraumatic arthritis. Prior treatments included physical therapy. Diagnostic studies and surgeries were not included within the medical records received. The injured worker had complaints of ongoing left knee pain. The injured worker rated his pain at 3/10 and, bending, twisting and lifting would increase the pain. The clinical note dated 07/18/2014 included findings the injure worker's gait was minimally antalgic, and strength of the knee was intact. The injured worker was negative for gross buckling, giving way, leg swelling, numbness and tingling of the knee. Medications included Cymbalta, Naproxen, Orphenadrine and Topamax. The treatment plan included Cymbalta, Naproxen, Orphenadrine and Topamax and a 3 month follow up. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Orphenadrine Citrate 100mg #60 with 4 refills is not medically necessary. The injured worker had complaints of ongoing left knee pain. The injured worker rated his pain at 3/10 and, bending, twisting and lifting would increase the pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. There is a lack of documentation the injured worker has failed a course of treatment with first-line medications. There is a lack of documentation that the injured worker has chronic low back pain, for which the guidelines indicate the use of muscle relaxers. Furthermore, the injured worker is noted to have been utilizing Orphenadrine Citrate since the 04/04/2014 examination, the continuation of the medication would exceed the recommended guidelines. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.