

Case Number:	CM14-0147578		
Date Assigned:	09/15/2014	Date of Injury:	01/14/2010
Decision Date:	10/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/14/10 when she injured her back after slipping and falling on a wet floor. Treatments included medications, physical therapy, acupuncture, and an epidural injection. She has not returned to work. She was seen by the requesting provider on 01/08/14. She was having neck, low back, and lower extremity pain. She was having right upper extremity and lower extremity weakness with numbness and tingling. EMG/NCS testing had shown mild to moderate right carpal tunnel syndrome. A lumbar spine MRI had shown findings of a left lateralized L4-5 disc extrusion. There had been benefit with two acupuncture treatments. A transforaminal epidural injection in April 2013 had provided 30% pain relief lasting for six weeks and she was able to decrease her pain medications. There was a pending orthopedic evaluation for surgery. Physical therapy had been approved. Medications were hydrocodone 5/325 mg two times per day, Prozac, Nabumetone, Cyclobenzaprine 7.5 mg three times per day, and Ketoprofen 75 mg three times per day. Physical examination findings included decreased and painful lumbar spine range of motion. There was decreased left lower extremity sensation in a positive left straight leg raise. There was decreased and painful cervical spine range of motion with decreased right upper extremity sensation. Medications were refilled. Additional imaging was requested. She was seen on 01/14/14 for a spine surgery evaluation. She was having low back pain radiating into the left greater than right leg. Pain was rated at 6-8/10. Physical examination findings included midline lumbar tenderness with asymmetric range of motion and right sided lumbar muscle spasms. She had decreased lumbar spine extension. Imaging results were reviewed. An MRI from June 2013 had shown a left lateralized disc extrusion. There was a pending new MRI. On 02/12/14 medications were providing partial pain relief. She was not having any side effects. Medications were refilled. On 04/13/14 she was

having ongoing radiating right arm and leg symptoms. Pain was rated at 8/10. Physical examination findings included decreased lumbar spine range of motion. There was trapezius, rhomboid, and lumbar spine tenderness. On 07/01/14 pain was rated at 8/10. Physical examination findings appear unchanged. On 08/01/14 she had ongoing right upper and lower extremity radiating pain. There had been an episode of increased pain and she had been seen in an Emergency Room. She had attended four physical therapy treatment sessions. Her lower extremity symptoms were progressing. Ketoprofen 75 mg #3 times per day, Prilosec 20 mg two times per day, Hydrocodone/Acetaminophen 10/325 mg two times per day, and Orphenadrine 100 mg #30 were prescribed. There was lower lumbar spine tenderness with limited range of motion. There was full cervical spine range of motion with trapezius and rhomboid tenderness bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

orphenadrine extended release 100mg tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64 68-69, 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Orphenadrine Page(s): 63, 65.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic neck, low back, and lower extremity pain. Medications have included Flexeril prescribed on a long-term basis which was changed to Orphenadrine. When seen by the requesting provider, she had increased pain with physical examination findings of lower lumbar spine tenderness with limited range of motion and trapezius and rhomboid muscle tenderness bilaterally. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the claimant has already undergone long-term treatment with another muscle relaxant and the requesting provider does not document the presence of muscle spasms. Therefore, Orphenadrine is not medically necessary.