

<b>Case Number:</b>	CM14-0160039		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 63 year-old male with a 3/31/03 date of injury. The patient was seen on 9/3/14 with complaints of neck and back pain, 7-8/10. Exam findings revealed tenderness over the lumbar spine with paraspinal spasms and limited range of motion, decreased sensation in the left L3-S1 dermatomes, and decreased muscle strength of 4+/5 in the left quadriceps, hamstrings, tibialis anterior, and EHL. The diagnosis is herniated nucleus pulposus of the lumbar spine with stenosis, lumbar disc space narrowing, and multilevel spondylosis. Treatment to date: medications, LSO brace. An adverse determination was received on 9/17/14. The request was modified from #60 to #30 (a 1 month to 2 week supply) to manage the patient's acute back spasm exacerbations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Orphenadrine Citrate 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has evidence of muscle spasm on his most recent exam, however muscle relaxants are not meant to be used long term. The request received a modification from a 1-month supply to a 2-week supply in the UR review to address the patient's low back exacerbation. Therefore, the request for Orphenadrine Citrate 100mg #60 as submitted is not medically necessary.