

<b>Case Number:</b>	CM14-0185783		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/03/2003
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Medicine, and is licensed to practice in Texas & 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 60 year old male patient who sustained a work related injury on 7/3/2003 Patient sustained the injury as a result of a 90 pound "grease gun" inadvertently dropping on him in 1985 and when he was picking up "pipe" in 1989 The current diagnoses include spinal stenosis lumbar region, degeneration of intervertebral disc Per the doctor's note dated 10/14/14, patient has complaints of low back pain with numbness in leg. Physical examination revealed not able to perform right toe walking, tenderness on palpation, flexion 50, extension 10, 4/5 strength, decreased sensation and positive SLR The current medication lists include Vicodin and Norflex The patient has had CT myelogram of September 11, 2002 that did not reveal any significant abnormality; electrodiagnostic studies on September 28, 2004 and Electrodiagnostic report of 10/2/07 which revealed evidence of bilateral carpal tunnel syndrome.; an MRI study which revealed a disc herniation at the L5-S1 level and lateral recess stenosis at L4-5. The patient's surgical history include reconstructive surgery and revision on 1/9/1991 and 1995 including laminotomy and discectomy L4-5 and L5-S1 with foraminotomies L4-5 and L5-S1 nerve roots, posterolateral fusion at L5 to sacrum; gall bladder surgery and colorectal resection. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex/Orphenadrine Citrate ER 100mg 1 bid #60:** Overturned

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

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

**Decision rationale:** Orphenadrine citrate which is antispasmodic and per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP for a short period of time." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Muscle relaxant is recommended for a short period of time. Per the doctor's note dated 10/14/14, patient has complaints of low back pain with numbness in leg and physical examination revealed that the pt was not able to perform right toe walking, tenderness on palpation, flexion 50, extension 10, 4/5 strength, decreased sensation and positive SLR. A MRI study which revealed a disc herniation at the L5-S1 level and lateral recess stenosis at L4-5. The patient's surgical history include laminotomy and discectomy L4-5 and L5-S1 with foraminotomies L4-5 and L5-S1 nerve roots, posterolateral fusion at L5 to sacrum. The patient has chronic low back pain with radiculopathy. He has had previous back surgery. The condition is prone to intermittent unexpected exacerbations. Intermittent use of a muscle relaxant orphenadrine for short periods of time during exacerbations on a prn basis is medically appropriate and necessary in this patient. It is medically appropriate and necessary to provide the pt with a supply of the orphenadrine for use during unexpected exacerbations. The Norflex/Orphenadrine Citrate ER 100mg 1 bid #60 is deemed medically appropriate and necessary.