

<b>Case Number:</b>	CM15-0015263		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 10/16/2014. The diagnoses have included cervical sprain, right shoulder impingement, right carpal tunnel syndrome, lumbar sprain/strain, and internal derangement of the knee. Treatment to date has included medications, injections and modified activity. Currently, the IW complains of continued lower back and right shoulder pain with numbness and tingling in the right upper extremity. She also reports left knee pain. She states that a right shoulder injection temporarily helped the pain. Objective findings included tenderness to palpation of the cervical paraspinal with muscle spasm and restricted range of motion. There is tenderness to palpation of the right anterior shoulder with restricted range of motion and positive impingement sign. There is positive Tinel's sign for the right wrist. There is tenderness to palpation of the lumbar paraspinal muscles with restricted range of motion. There is positive sitting straight leg raise test on the right. The joint line is tender on the left knee with a positive McMurray's sign. On 12/30/2014, Utilization Review non-certified a request for Orphenadrine ER 100mg #60, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service, including lack of documentation of functional benefit. The MTUS was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of Naproxen Sodium 550mg #30 and Orphenadrine ER 1090mg #60. Naproxen Sodium was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100 MG #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Orphenadrine ER 100 MG #60 with 2 Refills is not medically necessary and appropriate.