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| <b>Case Number:</b>   | CM15-0016612 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 07/02/2014 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 25 year old male, who sustained an industrial injury on 7/2/14. The injured worker has complaints of neck and back pain with occasional numbness and tingling in the bilateral upper extremities that radiates down to his fingers. His sleep is disturbed secondary to his low back pain. The diagnoses have included L5 spondylolysis; spondylolisthesis; lumbar radiculopathy and cervical and thoracic sprain/strain. Treatment to date has included chiropractic treatment with good temporary relief, but his pain would return after one or two days, he does note an increased in range of motion; Magnetic Resonance Imaging (MRI) of the lumbar spine on 11/19/14 was not available on the 11/21/14 PR but it was noted that there were bilateral L5 pars defects; electromyogram of the bilateral lower extremities 8/19/14 and upper extremities on 7/22/14 and medications. According to the utilization review performed on 1/9/15, the requested Orphenadrine citrate ER tablets 100mg #60 has been non-certified. ACOEM, CA MTUS Guidelines and the ODG were used during the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate ER tablets 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

**Decision rationale:** Orphenadrine is a muscle relaxant. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking orphenadrine since August 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.