

<b>Case Number:</b>	CM15-0017363		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male who sustained an industrial injury on 6/15/06. He is currently experiencing ongoing mechanical low back pain (rated 7/10) and hand pain from arthritis and is intolerant of non-steroidal anti-inflammatory medications. He is also experiencing what appear to be withdrawal symptoms per 12/2/14 progress note. Medications include MS Contin, Norco, paroxetine and amlodipine.. He is seeing pain management who is prescribing the Norco. Diagnoses include chronic low back pain; generalized osteoarthritis and anxiety. He has had L5-S1 decompression (6/23/09) with right lower extremity pain. Progress note dated 12/18/14 indicates the treating provider prescribing orphenadrine for back spasms. The provider requested orphenadrine on 1/5/15. Progress note 1/15/15 indicates that due to the pain medication the injured worker is able exhibits functional improvement. On 1/21/15 Utilization Review non-certified the request for openadrine 100 mg # 60 citing MTUS: Chronic Pain: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100mg #60:** Upheld

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

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

**Decision rationale:** According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case is suffering from chronic pain and does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine 100 mg #60 is not medically necessary.