

<b>Case Number:</b>	CM15-0111460		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 41-year-old female, who sustained an industrial injury, December 31, 2012. The injured worker previously received the following treatments cervical neck MRI, lumbar spine MRI, right shoulder MRI, cervical epidural steroid injection, Gabapentin, Hydrocodone, Nabumetone, Pantoprazole, Orphenadrine/Norflex, random toxicology laboratory studies negative for any unexpected findings on April 30, 2015 and epidural steroid injections. The injured worker was diagnosed with cervical disc displacement without myelopathy, pain in the shoulder joint, pain psychogenic NEC and long-term use of medication (narcotics). According to progress note of April 30, 2015, the injured workers chief complaint was neck, right shoulder and low back pain. The injured worker described the pain in the neck and right shoulder at an 8-9 out of 10 with radiation of pain into the right cervicobrachial region. The pain was made worse by over the head reaching activities. The pain was improved by rest and mediations. The low back pain continues in the axial lower back that was made worse by bending, prolonged standing and walking. The pain improved with rest. The injured worker took Norco for pain two times daily and Norflex as needed for intermittent muscle spasms that occur in the lumbar spine. The physical exam of the right upper extremity was negative for any findings. There was limited range of motion to the right shoulder. There was tenderness noted in the acromioclavicular joint with palpation and the cross arm test was positive. The impingement sign was positive. The treatment plan included prescription for Orphenadrine/Norflex ER

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, Page(s): 63, 65.

**Decision rationale:** The claimant sustained a work injury in December 2012 and continues to be treated for neck, low back, and right shoulder pain. When seen, there was decreased shoulder range of motion with positive impingement and cross arm testing. There was acromioclavicular joint tenderness. There was normal muscle tone. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was not medically necessary.