

<b>Case Number:</b>	CM15-0114006		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 is a 53 year old male patient who sustained an industrial injury on 09/12/2014. A magnetic resonance imaging study performed on 12/02/2014 revealed the right knee with oblique tear of the body of the lateral meniscus; partial thickness tear of the anterior cruciate ligament; small focal chondral defects within the intercondylar notch of the femur with adjacent bone marrow edema; suprapatellar and tibiofemoral joint effusion. A pain management evaluation dated 02/03/2015 reported the following treating diagnoses: chronic upper and lower back syndrome; thoracic and lumbar strain/sprain, and right ankle strain/sprain; right ankle pain, and moderated depression and anxiety. The presenting complaint noted the patient with continuous pain in the upper back. In addition, he has headaches and difficulty sleeping. Both the use of ice application as needed and medications as prescribed offers temporary relief of symptom. Prior treatment modality consisted of: oral medication, application of ice, modified work duty, epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #60:** 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 September 2014 and continues to be treated for back and right ankle pain. When seen, there was lumbar spine and right knee tenderness with muscle spasms. There was knee joint laxity. There had been improvement after an epidural injection. Acupuncture treatment notes in March 2015 document the presence of tenderness with restricted range of motion and muscle spasms. 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 for 2-3 weeks. In this case, there is no identified new injury or exacerbation and the quantity prescriptions are consistent with at least one month of use. It is not medically necessary.