

<b>Case Number:</b>	CM15-0115145		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 59-year-old male with a reported date of injury of 06/25/2012. The diagnoses include multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of the cervical spine, severe facet arthropathy at L3-4, status post lumbar spine fusion at L4-5 and L5-S1, and lumbar radiculopathy. Evaluation and treatment to date has included an MRI of the cervical spine on 03/17/2015 which showed gentle reversal of normal lordosis, endplate degenerative changes at C6-7 associated with disc space narrowing, mild central canal stenosis and moderate right neural foraminal narrowing at C4-5 from small disc protrusion, posterior ridging and uncal joint spurs, minimal central canal stenosis at C5-6 from posterior ridging and bulging disc, and minimal central canal stenosis and mild/moderate right neural foraminal narrowing at C6-7 from posterior ridging and uncal joint spurs; MRI of the lumbar spine on 04/20/2015 which showed postoperative changes in L4-5 and L5-S1 and degenerative disc disease; lumbar spine surgery; medial branch block of the lumbar spine on 10/16/2013; chiropractic treatment; a cervical epidural steroid injection on 10/03/2013; electro diagnostic studies; CT scan of the cervical spine on 06/25/2012; an MRI of the cervical spine on 06/25/2012; an MRI of the lumbar spine on 07/13/2012; and oral medications. The progress report dated 05/04/2015 indicates that the injured worker had ongoing neck and back pain. He reported a pain increase since his last visit. The injured worker was currently working, on modified duty. The pain in the neck radiated into the bilateral shoulders, left side being worse. The pain was associated with numbness and tingling in the bilateral hands. The injured worker rated his neck pain 8 out of 10. The low back pain was associated with occasional

numbness and tingling in the bilateral feet, and pins and needles in the left buttock into the calf. The physical examination showed an antalgic gait, difficulty walking on the heels and toes, tenderness to palpation of the cervical, thoracic, and lumbar spine, diminished sensation to light touch and pinprick in the left cervical dermatomes and left lumbar dermatomes, positive left straight leg raise test, and positive Spurling's test on the left with pain radiating down to the left elbow. The treatment plan includes the continuation of Norflex and Gabapentin. The treating physician requested Orphenadrine ER 100mg #60.

### **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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** This injured worker has chronic neck and back pain. Orphenadrine has been prescribed for at least two months. The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status over the past several months has continued to be noted as working modified duty. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time, and prolonged use of the some medications in this class may lead to dependence. Orphenadrine (Norflex) is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The medical record dated 02/27/2015 indicated that the injured worker was taking Norflex (orphenadrine) as needed, and he reported that the Norflex made him feel groggy. The physician also documented that the injured worker felt as if the medication was losing effect. The treating physician did not document the reason for the request for orphenadrine. Due to length of use in excess of the guideline recommendations and lack of functional improvement, and potential for toxicity, the request for orphenadrine is not medically necessary.