

<b>Case Number:</b>	CM15-0124965		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 York  
 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 32 year old male, who sustained an industrial injury on 03/26/2013. He reported injuring his right hand and then fell backwards onto his low back and knees. The injured worker is currently working full-time. The injured worker is currently diagnosed as having shoulder pain, gastric ulcer, myofascial pain, laceration of right hand, neck muscle strain, lumbosacral radiculitis, chronic pain, and pain in elbow. Treatment and diagnostics to date has included right hand surgery, right elbow surgery, physical therapy, and medications. In a progress note dated 05/26/2015, the injured worker presented with complaints of chronic neck, right shoulder, right elbow, right hand, and low back pain. Objective findings include diminished light touch sensation at S1 dermatome, antalgic gait, and tenderness over lumbar paraspinal muscles with trigger points and spasms over lower paraspinal muscles. The treating physician reported requesting authorization for Orphenadrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER (extended release) 100 mg tablet, Qty 30 with 0 refills, 1 by mouth daily at bedtime (prescribed 5/26/15): 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 Page(s): 63-66.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's". The reviewed medical records show that the injured worker has a history of low back pain and has been taking Orphenadrine daily at least since 01/21/2015. The treating physician does not report how this medication is helping in terms of pain and function and long-term use of this medication is not supported by MTUS. The continued use of Flexeril for over four months exceeds the MTUS recommendations. Therefore, the request for Orphenadrine is not medically necessary.