

<b>Case Number:</b>	CM15-0125020		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/23/2015
<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: 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 55 year old female, who sustained an industrial injury on 2/7/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having long term medication use, cervical degenerative disc disease and shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included left shoulder surgery in 2008, cervical fusion in 2009, injections, physical therapy and medication management. In a progress note dated 5/15/2015, the injured worker complains of neck and bilateral shoulder pain, rated 3/10 with medications. Physical examination showed tenderness over the cervical paraspinal muscles and trapezius with diminished cervical range of motion. The treating physician is requesting retrospective medications: Orphenadrine/Norflex ER 100 mg #90 x 2 with a date of service of 5/15/2015 and Hydrocodone/bit/apap 5/325 mg #30 with a date of service of 5/15/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro medication Orphenadrine/Norflex ER 100mg #90 x 2, DOS 05/15/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for neck and bilateral shoulder pain. Medications are referenced as decreasing pain to 3/10 and the claimant continues to work full time. When seen, there was paraspinal and trapezius tenderness with decreased shoulder range of motion. Impingement and Spurling's testing were negative. Medications were refilled. 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.

**Retro medication Hydrocodone/bit/apap 5/3325mg #30 DOS 05/15/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for neck and bilateral shoulder pain. Medications are referenced as decreasing pain to 3/10 and the claimant continues to work full time. When seen, there was paraspinal and trapezius tenderness with decreased shoulder range of motion. Impingement and Spurling's testing were negative. Medications were refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and the claimant is working full time. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.