

<b>Case Number:</b>	CM15-0178505		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/27/1975
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 61-year-old male who sustained an industrial injury on 4-27-75. He is retired. Diagnoses included lumbar degenerative disc disease, facet arthropathy, restrolisthesis; status post radiofrequency ablation lumbar spine at L3-4, L4-5, L5-S1; lumbar myofascial pain. He currently (7-15-15) complains of persistent back pain with a pain level of 3-4 out of 10. He reports that he has been the same. His pain level has been consistent at 3-4, 2-3 out of 10. On physical exam of the lumbar spine, there was tenderness to palpation over the lumbar facet joints bilaterally, range of motion was limited by pain, pain with muscle facet loading bilaterally, positive muscle spasms bilaterally at L4-5 and L5-S1 (muscle spasms were also indicated in the 12-3-14, 3-25-15 and 5-20-15 notes as well), tenderness over the lower lumbar facet regions. He has been on Norflex since at least 9-10-14, then on 3-25-15, the provider discontinued Norflex and started tramadol, which was helpful for pain, flare up and on 5-20-15 he was restarted on Norflex at an increased dose to better control pain. Diagnostics included MRI of the lumbar spine (6-14-13) showed degenerative disc disease and facet arthropathy with retrolisthesis at L4-5 and L5-S1 and L4-5 mild bilateral foraminal narrowing. Treatments to date include medications: Norflex, naproxen, Norco, Tramadol, Senkot: medications alleviate pain by more than 50-60% temporarily and help increase his walking distance by at least 60 minutes: CURES report (4-22-15) consistent with providers and no aberrant behavior; rhizotomy (2-19-15) with benefit 75% relief of pain and on 4-3-14 which gave 50% relief for 6 months; physical therapy (8 sessions) with moderate relief; trigger point injections times four with mild relief; weight loss program with loss of 30 pounds. In the progress note dated 7-15-1-5 the treating provider's plan of care included a request for refill on Norflex ER 100mg #60. The request for authorization dated 7-15-15 indicates orphenadrine citrate ER 100mg #60. On 8-25-15 utilization review evaluated and non-certified the request for orphenadrine citrate ER 100mg #60 based on lack of support for long term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER 100mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Regarding Orphenadrine: This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The FDA approved this drug in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. (Shariatmadari, 1975) As the guidelines do not recommend sedating muscle relaxants, the request is not medically necessary. Furthermore, the medical records indicate that the injured worker has been using this medication since at least 5/2015, and it is only recommended for short-term use.