

Case Number:	CM15-0067683		
Date Assigned:	04/15/2015	Date of Injury:	08/28/2010
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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
 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 63-year-old male with an industrial injury dated 08/28/2010. Diagnoses include lumbar or lumbosacral disc degeneration and adjustment disorder with depressed mood. Prior treatment includes diagnostics, functional restoration program, cognitive behavioral therapy and medications. He presents on 02/02/2015 with complaints of head, neck, lower back and shoulder pain. The injured worker rates the pain as 8/10 at the worst, 2/10 at the best and an average of 6/10. Associated symptoms include spasms and weakness. Physical exam revealed a wide based gait with stooped posture. The provider documents mild restricted range of motion of the cervical spine and lumbar spine. Documentation also states the injured worker finds relief with medication as it provides a decrease in muscle spasticity. Treatment plan included muscle relaxants, medication for sleep, pain patch and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine 100mg #60 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page 65. Muscle relaxants Page 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that, muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood-elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of Orphenadrine (Norflex) for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Norflex for chronic conditions is not supported. Medical records document NSAID use. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine ER is not medically necessary.