

<b>Case Number:</b>	CM15-0076658		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male sustained an industrial injury to the low back on 7/18/11. Recent treatment included medications and home exercise. In a visit note dated 3/12/15, the injured worker complained of ongoing low back pain associated with numbness, tingling, spasms, fatigue and weakness. The injured worker rated his pain over the last week on average at 8/10, at best 5/10 and at worst 9/10 on the visual analog scale. Current diagnoses included lumbar spine sprain/strain, sciatica, lumbar spine spondylosis without myelopathy and lumbar spine degenerative disc disease. The treatment plan included x-rays of the left knee and lumbar spine, continuing home exercise, proceeding with functional restoration program evaluation and medications (tramadol, Omeprazole and Orphenadrine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine tab 100mg CR take 1-2 hours before sleep #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

**Decision rationale:** This injured worker receives treatment for chronic low back pain. The date of injury is 07/18/2011. Associated symptoms include numbness, tingling, muscle spasms, and weakness. The patient reports that with taking all of the prescribed medications, the pain rating is from 5/10 to 7/10. The functional impairment is 7/10 to 9/10. This review addresses a request for refills of orphenadrine 100 mg CR at night. Orphenadrine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using orphenadrine over the long-term (more than 2-3 weeks) is not recommended. The medical documentation does not show evidence that using this medication has resulted in either good pain control or a return of functioning. Orphenadrine is not medically necessary.