

<b>Case Number:</b>	CM15-0098053		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, Florida

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 34-year-old female, who sustained an industrial injury on 3/25/11. She reported burning pain to the low back and buttocks region. The injured worker was diagnosed as having L5-S1 herniated nucleus pulposus, lumbar radiculopathy, internal derangement of the knee, and pain in the limb. Treatment to date has included physical therapy, the use of a back support, and medication. A physician's report dated 5/5/15 noted physical examination findings of tender lumbar paravertebral muscles with spasms. Range of motion was significantly reduced. Sensation was reduced in bilateral L5 dermatomal distributions. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Orphenadrine ER 100mg #60 with 2 refills. The other medications listed are ketoprofen, omeprazole, Norco, Tramadol, zolpidem and docusate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 992. 24. 2 Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can lead to development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized orphenadrine longer than the guidelines recommended 4 to 6 weeks limit of utilization. The patient is also utilizing opioids and other sedatives concurrently. There is no documentation of compliance monitoring with serial UDS, CURES data checks and functional restoration. The criteria for the use of orphenadrine ER 100mg #60 with 2 refills was not met. Therefore, the request is not medically necessary.