

<b>Case Number:</b>	CM13-0055905		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral upper extremity, bilateral elbow, and bilateral wrist pain reportedly associated with cumulative trauma at work first claimed on August 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; a right carpal tunnel release surgery; unspecified amounts of physical therapy; topical agents; and opioid therapy. In a Utilization Review Report dated October 21, 2013, the claims administrator denied a request for Norflex, Prilosec, oral Ketoprofen, topical capsaicin, and topical Medrox while approving a request for Vicodin. The applicant's attorney subsequently appealed. In a May 7, 2013 progress note, the applicant was given diagnosis of carpal tunnel syndrome, anxiety disorder, sleep dysfunction, shoulder impingement syndrome, elbow epicondylitis, and cervical radiculopathy. A left carpal tunnel release surgery procedure was endorsed. The applicant was asked to consult a hand surgeon. The applicant did not appear to be working with permanent limitations in place. On June 25, 2013, the applicant was described as having persistent complaints of hand, neck, and shoulder pain, 8/10. The applicant was given medication refills. It did not appear that the applicant was working. In a mental health note dated August 16, 2013, the applicant's psychiatrist stated that the applicant was still a marginal individual who is unable to work and had 35% whole person impairment rating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHENADRINE ER 100MG, TWICE DAILY, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 63, Muscle Relaxants topic. Page(s): 63.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine are recommended for short-term use purposes, for acute flares of chronic low back pain. In this case, however, the attending provider's prescription for twice daily usage of Norco, thus, runs counter to MTUS parameters and principles. It is further noted that the applicant does not appear to have issues with low back pain for which muscle relaxants are, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, tepidly endorsed. Therefore, the request is not medically necessary.

**CAPSAICIN HOT PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 28, Topical Capsaicin topic. Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last-line agent, to be employed only in those applicants who have not responded to or are intolerant to other treatments. In this case, however, there is no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, provision, and/or ongoing usage of topical capsaicin. Therefore, the request is not medically necessary.

**MEDROX PAIN RELIEF OINTMENT, TWICE DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Chronic Pain Medical Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Vicodin, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Medrox agent in question. Therefore, the request was not medically necessary.

**HEATING PADS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264, at-home applications of heat packs are "recommended" as methods of symptom control for forearm, hand, and wrist complaints, as are present here. The request in question does appear to represent simple, low-tech applications of heating pads which are explicitly endorsed by ACOEM. Therefore, the request is medically necessary.