

<b>Case Number:</b>	CM13-0058491		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/16/2003
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 56-year-old male who reported an injury on July 16, 2003 after a fall that reportedly caused an injury to his ankle and low back. The patient ultimately underwent lumbar spine fusion. The patient's postsurgical treatment history included physical therapy, medications, and psychiatric support. The patient's medication schedule included Etodolac, Lyrica, orphenadrine, and Percocet. The patient's most recent clinical documentation noted that the patient had 8/10 pain levels without medications that were reduced to 4/10 with medications and that the patient had a 60% increase in functional improvement with medication usage. A request was made for Norflex 100mg and Medrox patches for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg, #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend the extended use of muscle relaxers in the management of chronic pain. Short courses of treatment of 2 to 3 weeks

for acute exacerbations of chronic pain is recommended. The clinical documentation fails to provide evidence that the patient is experiencing an acute exacerbation of pain. Additionally, the clinical documentation indicates that the patient has been on this medication since at least April 2013. Because this patient has been on this medication for an extended duration, continued use would not be supported. As such, the requested Norflex 100mg, #60, is not medically necessary or appropriate.

**Medrox patch, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The requested medication is a compounded topical agent that contains methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines recommends the use of methyl salicylate or menthol in the treatment of osteoarthritic pain. However, the clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, this formulation contains capsaicin, which is not recommended as a topical agent unless the patient has failed to respond to other first-line treatments and oral analgesics. The clinical documentation submitted for review does provide evidence that the patient is receiving pain relief, from an 8/10 to 4/10 with the medication schedule that includes Lyrica. Lyrica is considered a first-line medication for neuropathic pain. The patient is receiving significant pain relief and improvement in functionality from an anti-convulsant. The addition of a Medrox patch would not be supported. As such, the requested Medrox patch, #30, is not medically necessary or appropriate.