

<b>Case Number:</b>	CM13-0068979		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year-old female with a 9/16/2003 industrial injury claim. According to the 10/18/13 orthopedic report from [REDACTED], the patient continues with 8-9/10 pain in the neck and upper extremities. She was reported to be using Norco 7.5/325mg tid which decreases pain and allows her to do housework; Naproxen 550mg helps decrease pain; Norflex 4mg for spasms and helps her do housework as well. She uses Docusate for constipation which is her only side effect; Ketoprofen cream is used for pain and helps her sleep better.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3- KETOPROFEN 20% TOPICAL CREAM:** 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): 111-113.

**Decision rationale:** MTUS specifically states Ketoprofen is not FDA approved for topical applications. According to the 10/18/13 orthopedic report from [REDACTED], the patient continues with 8-9/10 pain in the neck and upper extremities. The use of topical Ketoprofen is

not in accordance with MTUS guidelines. The request for Ketoprofen 20% topical cream is not medically necessary and appropriate.

**ORPHENADRINE CITRATE 100 MG ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The MTUS states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. And: Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The physician states the medication was taken for muscle spasms and allows her to do more house work. There is no indication that it helps with the muscle spasms, or pain or description of what house work the patient does. There are no reports of acute exacerbations of pain to support the continued use of the muscle relaxer. MTUS goes on to state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". MTUS defines functional improvement as: "'Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS); and a reduction in the dependency on continued medical treatment." There is no clinical significant improvement in ADLs and no reduction in the dependency on continued medical treatment with use of Orphenadrine citrate. Continued use of the medication that does not produce a satisfactory response or functional improvement is not in accordance with MTUS guidelines. The request for Orphenadrine citrate 100 mg ER is not medically necessary and appropriate.