

Case Number:	CM14-0007633		
Date Assigned:	02/07/2014	Date of Injury:	03/01/2001
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 patient is a 62-year-old female, who has submitted a claim for Cervical Disc Displacement associated with an industrial injury date of March 1, 2001. Medical records from 2012 through 2013 were reviewed, showing that the patient complained of neck and low back pain, with a scale ranging from 7-9/10, aggravated by driving and bending forward. On physical examination, the patient was utilizing a single-point cane, with mildly antalgic gait. Incision at the lumbar spine was well healed. Motor exam was limited. Examination of the bilateral lower extremities showed normal strength with intact sensation. Examination of the cervical spine showed decreased range of motion due to pain. Examination of the bilateral upper extremities showed intact sensation, however motor examination was limited due to pain. Treatment to date has included, Percocet, Soma, Gabapentin, Senna, Terocin Cream, Ms Contin, Ambien, Lorazepam, Gabapentin, 8 sessions of Chiropractic Treatment, TENS and posterior lumbar interbody fusion at L4-L5 done on March 19, 2013. Utilization review from January 2, 2014, denied the request for Orphenadrine Citrate 100MG #60 because in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall treatment. There was no additional benefit shown in combination with NSAIDS. Request for Lidopro Topical Ointment 40z was also denied, because there is no research to support the use of the ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE CITRATE 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient had been on a muscle relaxant, prescribed as Soma, for 11 months since December 4, 2012 and was discontinued on November 12, 2013. It was then shifted into orphenadrine because Soma is not recommended for long-term use. However, the most recent physical examination failed to document presence of muscle spasm necessitating its use. The medical necessity has not been established at this time. Therefore, the request for ORPHENADRINE CITRATE 100MG #60 is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Lidopro topical ointment contains capsaicin, lidocaine and menthol. Regarding Capsaicin, it is only recommended for patients who have not responded or are intolerant to other treatments with moderate to poor efficacy and is not recommended as topical application. Regarding lidocaine, it is not recommended for use as a topical preparation. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient was being prescribed Lidopro ointment since December 6, 2013. In addition, the patient has been responding well on her previous oral medications based on the review of her progress notes, hence, it is unclear why a topical formulation is needed. Moreover, the request did not specify the duration, frequency, and quantity to be dispensed. Therefore, the request for LIDOPRO TOPICAL OINTMENT 4OZ is not medically necessary.

