

<b>Case Number:</b>	CM14-0132790		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51 year-old female who reported a work related injury on 10/12/2011. The mechanism of injury was not provided for review. The diagnoses consist of carpal tunnel syndrome and joint pain in the shoulder. The past treatment has included conservative care such as splinting, physical therapy, cortisone injections, and medication management. An MRI dated 08/06/2014 revealed supraspinatus tendinosis without a focal rotator cuff tear and mild acromioclavicular arthrosis. Upon examination on 08/22/2014, the injured worker complained of persistent right wrist pain. She also was noted to have complaints of headaches and numbness and weakness. It was noted that she stated she did not use antispasmodics often. Objective findings revealed no edema or tenderness in any extremity with full strength to bilateral upper extremities. It was also noted that the injured worker had normal muscle tone without atrophy bilaterally to the upper and lower extremities. The tinels and phalens tests were both positive. Current prescribed medications included Capsaicin, Nabumetone-Relafen, Tramadol, Orphenadrine-Norflex, Clonazepam, Hydrochlorothiazide, Levothyroxine, Topiramate, and Verapamil. The injured worker stated her function had improved with Relafen and Ultram. Her pain level was 9 or 10/10 without the medication, and relieved to a 6/10 with the use of Relafen and Ultram. The treatment plan consisted of a request for Capsaicin .075% Cream #1 and Orphenadrine Norflex ER 100 MG #90. The rationale for the request was for chronic pain in the shoulder and wrist. The request for authorization was submitted for review on 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .075% Cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Capsaicin .075% Cream #1 is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In regards to Capsaicin, it is only recommended as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful alone or in conjunction with other modalities in patients whose pain has not been controlled successfully with conventional therapy. It was noted in an appeal letter that the injured worker had tried other conventional therapies and NSAIDs such as Advil that did not yield any results. The injured worker reported she did not use the capsaicin cream very much. There is no indication that the cream provided significant pain relief or objective functional improvements. In addition, the guidelines state there is no indication that a formulation greater than 0.025% provides any further efficacy. As such, the request for Capsaicin .075% Cream #1 is not medically necessary.

**Orphenadrine Norflex ER 100 MG #90:** Upheld

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

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

**Decision rationale:** The request for Orphenadrine Norflex ER 100 MG #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment to reduce pain, muscle tension, and increase mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was noted to have taken Flexeril which caused drowsiness so the medication was changed to Orphenadrine Norflex ER. The injured worker has been prescribed a muscle relaxant for several months. The guidelines do not recommend muscle relaxants for prolonged use. Considering the length of time that the injured worker has been prescribed a muscle relaxant, the continuation of a muscle relaxant is not supported. Therefore, the request for Orphenadrine Norflex ER 100 MG #90 is not medically necessary.