

<b>Case Number:</b>	CM14-0134264		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and Rehabilitation 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 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 41 year old male who sustained an industrial injury on 3/18/2013. He tried to get on a truck, missed a step, and bent his left foot backwards. He is diagnosed with tenosynovitis of the foot and ankle. Treatment has included medications, work restrictions, rest, immobilization, durable medical equipment (DMEs), orthotics, physical therapy, ice, injection, and home exercise unit (HEP). A prior peer review on 8/8/2014 noncertified the prospective requests for Orphenadrine/caffeine 50/10mg #60, Gabapentin/Pyridoxine 250/10mg #60, and Flurbiprofen 20%/Cyclobenzaprine 10%/menthol 4% cream 180gm. These medications are not supported by the guidelines and not determined as medically necessary. According to the 7/9/2014 PR-2, the patient presents for follow-up for his left foot. He complains of intense left foot pain with constant swelling. Pain is rated 6/10. Objective findings state the patient is unable to wear shoes due to sharp pain. Based on the documentations presented for review, there appears to be no physical examination findings. Further evaluation of the presented documents reveals X-rays taken of the foot and ankle show increase of soft tissue swelling of the left calcaneus. Treatment plan is continued recommendation for resection of calcaneal spur and debridement of Achilles tendon. He was given prescriptions for oral combination and topical medications, and instructed to apply ice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of orphenadrine/caffeine 50/10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) Pa.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Antispasmodics are used to decrease muscle spasm in conditions such as low back pain (LBP) although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel Orphenate generic available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The medical records do not establish the patient presented with an acute exacerbation of his foot/ankle pain, unresponsive to first-line interventions. Chronic use of muscle relaxants is not supported by the guidelines. Furthermore the indication or purpose for caffeine in combination with the muscle relaxant is not explained. The medical necessity of this medication compound has not been established.

**60 capsule of Gabapentine/pyridoxine 250/10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, anti-epilepsy drugs are recommended for neuropathic pain. The guidelines document that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish a diagnosis of neuropathic pain. In addition, the indication or necessity for vitamin B in combination with an antiepileptic drug (AED) is not clear. The medical records do not establish the patient has a vitamin B deficiency. The medical necessity of this medication has not been established.

**One (1) Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% cream 180 grams:** Upheld

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

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, muscle relaxants, such as Cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently the medical necessity of this topical compound containing Flurbiprofen/Cyclobenzaprine is not established.