

Case Number:	CM14-0137379		
Date Assigned:	09/05/2014	Date of Injury:	08/18/2008
Decision Date:	10/21/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old female with complaints of neck pain, shoulder pain, and bilateral upper extremity pain. The date of injury is 8/18/08 and the mechanism of injury is not elicited. At the time of request for the following: 1. Orphenadrine ER 100mg#60 2. Capsaicin 0.025% hot patch 3. Medrox Pain Relief Ointment 120, there is subjective (neck pain, upper extremity pain) and objective (tenderness paravertebral musculature cervical spine and restricted range of motion, shoulder bilateral tenderness with restricted range of motion, impingement sign positive bilaterally, tenderness to palpation bilateral elbow laterally, right wrist healed incisional surgical scar with diminished grip strength and decreased sensory median nerve distribution, left wrist tinel's and phalen's sign positive with reduced grip strength and decreased sensory median nerve distribution) findings, imaging findings (no reports submitted), diagnoses (Cervical radiculopathy, shoulder impingement) and treatment to date (surgical median nerve decompression, medications, therapy, chiropractic manipulation, psychologist). Muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Muscle relaxants are not recommended for chronic use. Capsaicin is topical analgesic indicated for peripheral somatic and neuropathic pain. The mechanism of action is a release of substance P which depletes existing peripheral stores. The current recommended doses are a maximum concentration of .025%. Medrox patch is a compounded topical analgesic that is a combination of methyl salicylate 5%, menthol 5%, and capsaicin 0.0375% which is indicated for minor aches and pain related to muscle strain/spasm. Per MTUS-Chronic Pain Medical Treatment Guidelines, there is no evidence for the use of most compounded topical drugs. The only drug of that combination that has evidence based medical benefit are topical salicylates. Capsaicin is

also acceptable but the current recommended doses are a maximum concentration of .025%. Menthol is not a drug that is supported by the current medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Antispasmodics

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG Evidence Based Decision Guidelines, muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Muscle relaxants are not recommended for chronic use. As the documentation does not support appropriate use of orphenadrine ER 100mg nor address functional/analgesic improvement as outlined by the requesting physician, it is my opinion that this medication is not medically necessary.

Capsaicin 0.025% Hot Patch: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical.

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

Decision rationale: Capsaicin is topical analgesic indicated for peripheral somatic and neuropathic pain. The mechanism of action is a release of substance P which depletes existing peripheral stores. The current recommended doses are a maximum concentration of .025%. Therefore, this medications is medically necessary.

Medrox Pain Relief Ointment 120: 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: Medrox patch is a compounded topical analgesic that is a combination of methyl salicylate 5%, menthol 5%, and capsaicin 0.0375% which is indicated for minor aches

and pain related to muscle strain/spasm. Per MTUS-Chronic Pain Medical Treatment Guidelines, there is no evidence for the use of most compounded topical drugs. The only drug of that combination that has evidence based medical benefit are topical salicylates. Capsaicin is also acceptable but the current recommended doses are a maximum concentration of .025%. Menthol is not a drug that is supported by the current medical guidelines. Therefore, this medication is not medically necessary.