MAXIMUS Federal Services

Case Number:	CM14-0150171		
Date Assigned:	09/18/2014	Date of Injury:	04/14/2010
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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:

There were 737 pages provided for review. The application for independent medical review was signed on September 15, 2014. The issues were Orphenadrine 100 mg ER number 60, and CM1 Gabapentin 10% cream. The diagnoses were lumbar sprain and strain with bilateral lower extremity radiculopathy, and left cervical radiculitis with disc bulge and stenosis at multiple levels including C5-6 and C6-7. There was also a post dural puncture headache.He is a 47 year old man injured over 4 years ago. His diagnoses were status post reconstruction of the radial collateral ligament and radial sagittal band at the right long MP joint, status post right carpal tunnel release, bilateral forearm tendinitis, bilateral cubital tunnel syndrome, cervical strain and lumbar arthrosis and radiculopathy. There is ongoing neck and low back pain. The pain worsens with activity. Percocet allows him to wash dishes, do laundry and shower. There is no mention of significant muscle spasming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg er #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, 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. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. The request here is not consistent with a short term use. The request is appropriately non-certified.

CM1 Gabapentin 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.