

Case Number:	CM14-0156686		
Date Assigned:	09/26/2014	Date of Injury:	07/18/2011
Decision Date:	12/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/22/2014

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 Management 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:

According to the records made available for review, this is a 44-year-old male with a 7/18/11 date of injury. At the time (7/29/14) of request for authorization for Orphenadrine ER 100mg #60 with 2 refills and Medrox pain relief ointment with 2 refills, there is documentation of subjective (low back pain) and objective (spasms present in the lumbar paraspinal muscles, tenderness to palpitation over the lumbar paraspinal muscles, decreased sensory in the bilateral feet, and decreased range of motion of the lumbar spine) findings, current diagnoses (lumbar radiculopathy and multiple sclerosis), and treatment to date (epidural steroid injection and medications Orphenadrine, Ketoprofen, and Medrox since at least 4/22/14)). Regarding Orphenadrine ER 100mg #60, there is no documentation of acute exacerbation of chronic low back pain, Orphenadrine used for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Orphenadrine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for Pain), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and multiple sclerosis. In addition, there is documentation that Orphenadrine used as a second line option. However, despite documentation of muscle spasms, and given documentation of a 7/18/11 date of injury, there is no documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Orphenadrine since at least 4/22/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, given documentation of ongoing treatment with Orphenadrine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Orphenadrine use to date. Therefore, based on guidelines and review of the evidence, the request for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.

Medrox pain relief ointment with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and multiple sclerosis. However, Medrox cream contains at least one drug (Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox pain relief ointment with 2 refills is not medically necessary.

