

<b>Case Number:</b>	CM14-0177470		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 45 pages provided for this review. The review was from October 15, 2014. The Orphenadrine caffeine combination was not certified. The 60 capsules of ibuprofen omeprazole were non-certified. The prospective request for ibuprofen 20%, cyclobenzaprine 10%, menthol 4% cream was not certified. Per the records provided, the claimant is described as a 44-year-old patient injured on January 26, 2012 due to a fall. She had a large full thickness tear of the left shoulder. She underwent a prior right shoulder surgery in June 11, 2012. She also had x-rays and an MRI. Other treatments received included physical therapy, medicines and injections. As of September 24, 2014 she had persistent left shoulder pain. The physical exam showed the left shoulder was weak in external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Orphenadrine 50mg/Caffeine 10 mg:** 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 of 127.

**Decision rationale:** Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Orphenate 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 is appropriately non-certified.

**60 capsules of Flurbiprofen/Orphenadrine 50 mg/Caffeine 10 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67 of 127, 65 of 127.

**Decision rationale:** This is a combination of an NSAID and Orphenadrine. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate 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. 120 tablets requested certainly are not consistent with a short term use. This combination of medicines is appropriately non-certified.

**One container of Flurbiprofen 20%, 10%, Menthol 4% Cream 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, 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.