

<b>Case Number:</b>	CM14-0045716		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Tennessee. 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 62-year-old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, cervical sprain and strain, lumbar sprain or strain, intervertebral disc disorder, cervical radiculopathy and thoracic sprain or strain associated with an industrial injury date of May 16, 2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained continued neck and back pain radiating to the upper and lower extremities associated with paresthesia and numbness. Upon physical examination, there was spasm, guarding and tenderness over the paravertebral muscles of the cervical and lumbar spine. Limited range of motion was noted in both. There was decreased sensation noted bilaterally in the C5, L5 and S1 dermatomes. Treatment to date has included analgesic medications. Utilization review, dated March 27, 2014, denied the request for Medrox Patch because its capsaicin component is not recommended for topical use. The same review denied the request for Norflex (Orphenadrine) because its use should be limited in the elderly due to its anticholinergic side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Medrox patch - h 3 bottles qty 30:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, patient was prescribed Medrox patches since July 2013. However, the guideline does not recommend capsaicin in 0.0375% formulation. Therefore, the request for Medrox Patches was not medically necessary.

**Retro Norflex 100 mg Orphenadrine - h 1 bottle qty 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient has been on Norflex since July 2013. Although muscle spasm was still evident on the most recent physical exam, long-term use of orphenadrine is not guideline recommended. Moreover, the date of service was not specified. Therefore, the request for Norflex 100 mg Orphenadrine - h 1 bottle qty 90 was not medically necessary.