

Case Number:	CM14-0055536		
Date Assigned:	07/09/2014	Date of Injury:	09/22/2005
Decision Date:	10/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 55-year-old male with date of injury of 09/22/2005. The listed diagnoses per [REDACTED] are: 1. Symptomatic bunion. 2. Status post left knee surgery from 07/06/2010. 3. Right knee surgery from 09/01/2011. 4. Right ankle/foot surgery from 11/20/2013. According to this report, the patient complains of right foot pain. The patient is status post right bunionectomy from 11/20/2013. The patient states that he "feels much improved." He states the swelling has decreased since last evaluation and he is able to bear more weight on the foot. There is pain reported in the surrounding incision. Range of motion has improved. Examination of the right ankle and foot shows tenderness present at the surgical site. No ecchymosis noted. There is a mild valgus deformity. Toe range of motion testing is not done because of recent surgery. No signs of infection. The utilization review denied the request on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg ER, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): P.

Decision rationale: This patient presents with right foot pain. The treater is requesting Norflex 100 mg ER, #90. Norflex, also known as Orphenadrine, is a drug similar to diphenhydramine, but has greater anticholinergic effects. The effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines page 63 to 66 on muscle relaxants state that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations of patients with chronic low back pain. The records show that the patient has not tried Norflex in the past. The requested quantity exceeds MTUS recommendation for short-term treatment. Therefore, this request is not medically necessary.

Terocin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56,57, 112.

Decision rationale: This patient presents with right foot pain. The treater is requesting Terocin cream. The MTUS Guidelines page 112 on topical lidocaine states that it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AEDs such as Gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In this case, MTUS does not support the use of lidocaine in other formulations other than a dermal patch. Therefore, this request is not medically necessary.