

<b>Case Number:</b>	CM14-0063244		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 injured worker is a 53 year old male with a reported injury on 02/13/2012. The mechanism of injury was a fall. The injured worker's diagnoses included brachial neuritis and radiculitis; not otherwise specified, shoulder impingement and anxiety disorder. The injured worker has had previous chiropractic therapy, TENS unit, medications, acupuncture, cortisone injections, and a home exercise program that consisted of walking. The injured worker underwent a cervical fusion on 03/28/2012. The injured worker had an examination on 04/08/2014 for a follow-up evaluation. He stated that "there was no significant improvement since the last examination and he continued to have sore shoulders and increased pain in his neck." Upon physical examination, the cervical spine paraspinal muscles were tender, spasms were not present, his range of motion was restricted and his motor strength and sensations were intact. The examination of his right range of motion was significantly improved. His right elbow range of motion was limited in extension. In his lumbar spine; the paravertebral muscles were tender, spasms were present, and the range of motion was restricted. Straight leg raise was positive on the right. The list of medications included: Medrox Pain Relief Ointment, Omeprazole, Orphenadrine, and Naproxen Sodium. The plan of treatment was to continue his medications. The request for authorization was signed and dated for 04/08/2014; however, the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment-Apply BID with 2 Refills:** Upheld

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

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

**Decision rationale:** The request for the Medrox pain relief ointment twice a day is not medically necessary. Medrox ointment is comprised of Methyl Salicylate, Menthol, and Capsaicin. The California MTUS Guidelines note; topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note; topical salicylate is significantly better than placebo in chronic pain. The guidelines recommend the use of Capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The use of Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines state "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The injured worker does not have a diagnosis for which Capsaicin would be indicated. There is no indication the injured worker has not responded or is intolerant to other treatments. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, the request for the Medrox does not specify the site at which the medication is to be applied; therefore, the request for the Medrox pain relief ointment is not medically necessary.

**Orphenadrine ER 100mg, 1 BID, #60, refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for the Orphenadrine 100 mg twice a day with 2 refills is not medically necessary. The California MTUS Guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine is considered an antispasmodic drug and the guidelines recommend that antispasticity drugs are used to decrease spasticity in conditions such as cerebral palsy and spinal cord injuries. There is no indication the injured worker has a diagnosis for which Orphenadrine would be indicated. The requesting physician indicated the injured worker had spasms to the shoulder. The injured worker has been prescribed this medication since at least 10/2013; the continued usage of this medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Therefore, the request for the oral Orphenadrine 100 mg twice a day with 2 refills is not medically necessary.

**Naproxen Sodium 550mg, 1 QD, #30, refills 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drug (NSAIDs) Page(s): 67-68.

**Decision rationale:** The request for Naproxen Sodium 550 mg is not medically necessary. The California MTUS Guidelines recommend NSAIDs for the treatment of osteoarthritis at the lowest dose for the shortest period of time. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The California MTUS Guidelines state that "there is no evidence of long-term effectiveness for pain or function." There is no evidence that the injured worker has a diagnosis of osteoarthritis. The injured worker has been prescribed this medication since at least 10/2013; the continued usage of this medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The California MTUS Guidelines recommend that if long-term or high dose therapy is required, the full dose Naproxen, 500 mg twice a day, would be recommended. The request is for 550 mg, which is over the recommended amount of the dose; therefore, the request for the naproxen sodium 550 mg is not medically necessary.