

<b>Case Number:</b>	CM14-0077353		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 51 year old female who was injured on 9/12/2011. The diagnoses are cervical radiculopathy, bilateral epicondylitis, bilateral carpal tunnel syndrome, bilateral trochanter bursitis and bilateral knee pain. There are associated diagnoses of muscle spasm and anxiety. The patient ad completed physical therapy, TENS unit use, psychiatric treatments, joints injections to the hips and knees and left knee surgeries. On 4/29/2014, [REDACTED] noted palpable muscle spasm, decreased range of motion of the right elbow, cervical and lumbar spines and positive Tinel, Phalen and McMurray's signs. The medications are Norco for pain, Docusate for the prevention and treatment of opioid induced constipation, Orphenadrine for muscle spasm, and topical Medrox preparation for pain relief. A Utilization Review determination was rendered on 5/16/2014 recommending non certification for Docusate Sodium 100mg #100 with 5 refills, Medrox pain relief ointment #1 with 2 refills, and Orphenadrine ER 100mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 Tablets of Docusate Sodium 100mg with 5 refills:** Overturned

**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 9792.24.2  
Page(s): 77-96.

**Decision rationale:** The CA MTUS recommends that prophylactic treatment of constipation be initiated when initiating chronic opioid therapy. The guidelines recommends strategies for minimizing constipation which includes adequate exercise or physical activities, increased fluid and dietary fiber intake, and when necessary the use of laxatives. The records indicate that the patient is on chronic opioid medications. The criteria for the use of Docusate Sodium 100mg #100 with 5 refills was met. The request is medically necessary.

**1 Medrox pain relief ointment with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. The guideline recommends that topical medications be tried and evaluated individually for efficacy. The Medrox ointment contains Menthol 5%, Capsaicin 0.0375% and Methyl Salicylate 20%. There is no FDA or guideline support for the use of menthol in chronic pain treatment. The criteria for the use of Medrox pain relief ointment with 2 refills was not met. The request is not medically necessary.

**60 tablets of Orphenadrine extended release 100mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended that non sedating muscle relaxants can be utilized during periods of exacerbation of chronic muscle spasm that is non-responsive to standard treatment with NSAIDs, physical therapy, and exercise. The records indicate that the patient have subjective and objective documentations of muscle spasm in the cervical and lumbar areas. Orphenadrine is associated with less sedating and abuse potential than other commonly used muscle relaxants. The criteria for intermittent use of Orphenadrine ER 100mg #60 with 2 refills was met. The request is medically necessary.