

Case Number:	CM14-0188641		
Date Assigned:	11/19/2014	Date of Injury:	04/10/2007
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 patient is a 54-year old male with date of injury 4/10/07. The treating physician report dated 10/3/14 indicates that the patient presents with pain affecting his lumbar and cervical spine areas as well as his left leg and left arm (page 11). The physical examination findings reveal the patient has TTP of the lower lumbar spine with spasms appreciated. He has decreased sensation L4 and L5 dermatomes on the left. He has decreased C6 and C7 dermatomes on the left. Tibialis anterior EHL, inversion, eversion, plantar flexors are 4/5 on left. Straight leg raise on the left at 40 degrees elicits radiation of pain down the left leg down to the foot. Positive left-sided slump test. There is a prior treatment history of Prilosec, Senna, Norco, Flexeril and Lidopro cream in addition to chiropractic care. There are no records indicating any MRI has been performed. The current diagnoses are: HNPs of the Lumbar spine, multilevel with severe stenosis, Facet lumbar arthropathy, Lumbar radiculopathy, Cervical degenerative disc disease, Server cervical stenosis at C3-4, C4-5 with contact and distortion of the spinal cord. The utilization review report dated 10/27/14 denied the request for CMP Capsaicin 0.05% & Cyclobenzaprine 4%, unknown amount and Orphenadrine Citrate ER 100 mg, two by mouth twice a day based upon MTUS guidelines & ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP Caps 0.05% & Cyclo 4%, unknown amount: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with pain affecting his lumbar and cervical spine areas as well as his left leg and left arm (Pg. 11). The current request is for CMP Caps 0.05% & Cyclo 4%, unknown amount. MTUS states regarding topical analgesics that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The current request is not clearly defined by the treating physician and there is no way to determine the exact compounds used for this topical analgesic. MTUS states that if at least one compounded product is not recommended then the entire compound is not recommended. It appears that this topical formulation includes capsaicin and cyclobenzaprine. MTUS clearly states that there is no evidence for use of any other muscle relaxant as a topical product. In this case the treating physician has prescribed a compound that appears to include cyclobenzaprine and MTUS does not support the use of topical muscle relaxants. Recommendation is for denial.

Orphenadrine Citrate ER 100 mg, two by mouth twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: The patient presents with pain affecting his lumbar and cervical spine areas as well as his left leg and left arm (Pg. 11). The current request is Orphenadrine Citrate ER 100 mg, two by mouth twice. According to MTUS, Orphenadrine 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." According to the treating physician report dated 10/3/14 the patient is currently prescribed Flexeril 7.5mg 3 times per day. In reviewing the prior reports provided the patient was also prescribed Flexeril on 4/11/14. The treating physician report dated 5/23/14 prescribed Orphenadrine Citrate ER 100. The MTUS is clear regarding muscle relaxants and states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case the treating physician has continuously prescribed alternating muscle relaxants since at least 4/11/14 and the current request does not indicate that this medication is prescribed for an acute flare up to be used for short term treatment. Recommendation is for denial.