

Case Number:	CM14-0200448		
Date Assigned:	12/10/2014	Date of Injury:	10/01/2013
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 10/1/13. The diagnosis is lumbar radiculopathy. Under consideration are requests for Orphenadrine Citrate 100mg #60; Nabumetone 750mg #60; and CM4 Caps 0.05% + Cyclo 4. There is a 10/10/14 physician report which states that the patient has low back pain for one year. On 10/1/2013, she was assigned to a special project while working for [REDACTED], She had to file then lift heavy boxes and had a strict deadline. The time frame for her [REDACTED] She Was not treated until March of 2014 for her shoulder. This is her first medical evaluation for her low back. She denies any acupuncture (for her shoulder only), chiropractic treatment, physical therapy, injections, or surgery. She denies any x-rays, MRIs, CT scans, or EMG/NCS. In regards to medications, she is taking none at this time. She takes Motrin over the counter which works well to control her pain. She is currently working on full duty. Her low back exam currently rates as a 5-6 on the pain scale. Her pain can be severe at times. She states that her low back spasms constantly. She reports that her pain radiates down the outside of her hips bilaterally. She denies any radiation of pain, numbness/tingling to her left leg. Her pain worsens with sitting for 15-20 minutes bending forward when brushing her teeth or getting up from a low position. On exam she is alert and oriented in no acute distress. She has slow gait but normal heel and toe walk. Her spine is tender to palpation about the right trapezial thoracic muscle region and tender around the lumbar spine. She has decreased lumbar and thoracic range of motion testing. Her lower extremity sensation is intact bilaterally. Her motor exam revealed 4/5 psoas on right, 5/5 on the left limited by pain. Inversion is 5-/5 on the right and 5/5 on the left. The rest of the lower extremity motor exam is 5/5 bilaterally. There are normal patellar reflexes and hyporeflexic Achilles reflexes bilaterally. The straight leg raise is positive on the right at 60 degrees causing pain in the back. The slump

test is negative bilaterally. The Lasegue is negative bilaterally. The treatment plan includes Orphenadrine; Nabumetone; EMG/NCS BLE; med panel to evaluate complications of medication use; trial of chiropractic care; LSO; CM4-Caps 0.05% +Cyclo 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #60: Upheld

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

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

Decision rationale: Orphenadrine Citrate 100mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommended as non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. This drug is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The documentation indicates that the patient feels that over the counter NSAIDs works well to control her pain. The guidelines recommend muscle relaxants as second line and state that in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. It is not clear why she needs to add Orphenadrine. The documentation indicates that this is chronic low back pain for one year. The guideline recommend muscle relaxants for acute exacerbations. The patient states that she controls her pain with over the counter NSAIDs. The request for orphenadrine is not medically necessary.

Nabumetone 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Nabumetone 750mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that The MTUS Guidelines also state that NSAIDs are recommended as an option for short-term symptomatic relief at the lowest dose for osteoarthritis, acute exacerbations of chronic pain, and chronic low back pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. Additionally NSAIDs have the associated risk of adverse cardiovascular events, including, MI,stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment Borderline elevations of one or more liver enzymes

may occur in up to 15% of patients taking NSAIDs. The use of NSAIDs may compromise renal function. The MTUS states that NSAIDs are generally recommended at the lowest effective dose for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The documentation indicates that the patient can control her pain well with over the counter NSAIDs. It is unclear why she needs a Nabumetone. Additionally the guidelines recommend starting with the lowest dose which can be 500mg twice daily. It is unclear why the patient was recommended to have a starting dose of 750 twice daily. The request for Nabumetone is not medically necessary.

CM4 Caps 0.05% + Cyclo 4: 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: CM4 Caps 0.05% + Cyclo 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical capsaicin is not recommended therefore the request for CM4 Caps 0.05% + Cyclo 4 is not medically necessary.