

Case Number:	CM14-0204865		
Date Assigned:	12/17/2014	Date of Injury:	10/30/2013
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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:

This individual is a 39 y/o female who developed persistent low back pain and knee pain subsequent to an injury dated 10/13/13. Her low back pain radiates toward the lower extremities, but there are no objective neurological deficits and MRI studies show mild degenerative changes in the lower lumbar region without nerve impingement. There is no detailed documentation of a specific sleep disorder type or duration. There is no reporting of VAS scores with or without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50 MG/Caffeine 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/orphengesic-drug.htm>.

Decision rationale: Orphenadrine is the muscle relaxant Norflex. MTUS Guidelines are very specific that that Orphenadrine is not recommended for long term daily use. The blending of caffeine with the Norflex has no Guideline support. There are no unusual circumstances to

justify an exception to Guidelines. The Orpheandrine 50mg/Caffeine 10mg. #60 is not medically necessary.

Flur/Omep 100/10 MG #60; Flur/Cyclo/Menth Cream 20/10/4 Percent 180 Gram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS Guidelines are very specific regarding the use of topical agents. Unless an ingredient is FDA/Guideline approved for topical use any compound utilizing that ingredient is not Guideline recommended. The Flubiprofen in both of these compounds are not Guideline recommended. Both the Flur/Omep 100/10 MG #60; Flur/Cyclo/Menth Cream 20/10/4 Percent 180 Gram are not guideline supported and are not medically necessary. There are no unusual circumstances to support an exception to MTUS guidelines.

Gabapentin/Pyridoxine 20 MG/10 MG #120: 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): 111-113.

Decision rationale: MTUS Guidelines are very specific regarding the use of topical agents. Unless an ingredient is FDA/Guideline approved for topical use any compound utilizing that ingredient is not Guideline recommended. Gabapentin is specifically mentioned in Guidelines as not recommended. There are no unusual circumstances to support an exception to MTUS Guidelines. The Gabapentin/Pyridoxine 20 MG/10 MG #120 is not medically necessary.

Kera Tek Gel 4 oz. #113: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS Guidelines support the use of Methyl Salicylate, but only as an over the counter product such as Ben Gay. Kera Tek gel is a mix of Methyl Salicylate and Menthol which is found in numerous over the counter products. MTUS Guidelines do not support this as a specially compounded agent. The Kera Tek Gel 4 oz. #113 is not medically necessary.