

Case Number:	CM14-0206652		
Date Assigned:	12/18/2014	Date of Injury:	03/01/2013
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), posttraumatic stress disorder (PTSD), chronic pain syndrome, and alcoholism reportedly associated with industrial injury of March 1, 2013. In a Utilization Review Report dated November 17, 2014, the claims administrator failed to approve request for orphenadrine and topical Terocin patches. A November 12, 2014, progress note was referenced in the determination. On May 7, 2014, the applicant reported ongoing issues with chronic neck, low back, and ankle pain, highly variable, ranging from 3 to 8/10. The applicant did report issues with heartburn and was reportedly using omeprazole. Permanent work restrictions were reviewed. It was not clear whether the applicant was or was not working. In a mental health progress note dated April 3, 2014, the applicant reported issues with major depressive disorder and posttraumatic stress disorder and alcohol abuse with resultant global assessment of functioning (GAF) of 50. The applicant's medications include Effexor and Desyrel. In an RFA form dated December 18, 2014, authorization was sought for medication management, cognitive behavioral therapy, and transcranial magnetic stimulation (TMS). Effexor and Desyrel were renewed. On November 10, 2014, the applicant was, once again, given refills of Desyrel and Effexor. A medical progress note dated December 16, 2014, the applicant was given prescription of Naprosyn. 6/10 neck, leg, and low back pain was noted. The applicant was placed off of work, on total temporary disability, while topical Terocin patches were endorsed. There was no mention made of orphenadrine (Norflex) on this date. In an appeal letter dated December 4, 2014, the attending provider appealed previously denied orphenadrine and Terocin. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Orphenadrine 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended as a short course of therapy for short-term exacerbations of chronic pain, in this case, however, the 60-tablet supply of orphenadrine at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

4 boxes of Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM) Capsaicin Medication Guide.

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin should be reversed as a last line agent, for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Naprosyn, Effexor, Desyrel, etc., effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.