

Case Number:	CM14-0217107		
Date Assigned:	01/07/2015	Date of Injury:	06/08/2011
Decision Date:	04/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female reported a work-related injury on 06/08/2011. According to the progress report dated 11/7/14, the injured worker (IW) reports pain in the neck, radiating to the bilateral fingers and low back pain with numbness and tingling down the right leg to the ankle. She states she fell and hit her head since her last office visit. The IW was diagnosed with facet arthropathy, lumbar herniated discs, lumbar stenosis, cervical herniated discs, cervical stenosis and L5-S1 instability. Previous treatments include medications, acupuncture, physical therapy, chiropractic treatment and epidural steroid injections of the cervical spine. The Utilization Review (UR) on 12/24/2014 non-certified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Orphenadrine Citrate 100mg ER, #60 between 11/7/2014 and 2/17/2015.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 06/08/11 and presents with pain in the neck, radiating to the bilateral fingers, and low back pain with numbness and tingling down the right leg to the ankle. The request is for ORPHENADRINE CITRATE 100 MG ER #60 BETWEEN 11/02/14 AND 02/17/15. The RFA is dated 11/07/14 and the patient is permanent and stationary. MTUS page 63, Muscle relaxants (for pain) 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. MTUS page 65, Muscle relaxants (for pain) under Antispasmodics for Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) states: This drug 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. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008) In this case, the patient has a mildly antalgic gait and uses a cane. She has tenderness to palpation of the cervical and lumbar spine with spasm noted. She has decreased sensation right C6, C7, C8 as well as left L4, L5, and S1 dermatomes. She is diagnosed with facet arthropathy, lumbar HNPs, lumbar stenosis, cervical HNPs, cervical stenosis, and L5-S1 instability. MTUS guidelines recommend short-term use of non-sedating muscle relaxants for acute exacerbations of chronic back pain. The patient was reported to have had a fall since the last visit, and may have had a flare-up of lower back pain, but Orphenadrine is a sedating muscle relaxant, and is not recommended as a first-line option. There was no discussion of first-line treatment. The requested Orphenadrine IS NOT medically necessary.

1 prescription of CM4-caps 0.05% / Cyclo 4%, #1 between 11/7/2014 and 2/17/2015.: Upheld

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

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

Decision rationale: The patient was injured on 06/08/11 and presents with pain in the neck, radiating to the bilateral fingers, and low back pain with numbness and tingling down the right leg to the ankle. The request is for CM4-CAPS 0.05% CYCLO 4% #1 BETWEEN 11/07/14 AND 02/17/15. The RFA is dated 11/07/14 and the patient is permanent and stationary. In this case, the patient has a mildly antalgic gait and uses a cane. She has tenderness to palpation of the cervical and lumbar spine with spasm noted. She has decreased sensation right C6, C7, C8 as well as left L4, L5, and S1 dermatomes. She is diagnosed with facet arthropathy, lumbar HNPs, lumbar stenosis, cervical HNPs, cervical stenosis, and L5-S1 instability. MTUS chronic pain medical treatment guidelines, pages 111-113, for 'Topical Analgesics' states: "Any compounded product that contains at least one drug or drug class that is not recommended is not

recommended." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. In this case, the requested compounded cream contains 0.05% Capsaicin which is not supported by MTUS Guidelines. Topical cyclobenzaprine is not recommended by the MTUS, guidelines, and the strength of the capsaicin of the other component is not recommended, therefore the whole compound that contains cyclobenzaprine and 0.5% capsaicin would not be recommended. The requested CM4-Caps 0.05% Cyclo 4% IS NOT medically necessary.