

Case Number:	CM15-0016618		
Date Assigned:	02/04/2015	Date of Injury:	02/04/2009
Decision Date:	04/07/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/28/2015

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, Hawaii
 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:

The injured worker is a 56 year old female with an industrial injury dated 03/07/2013. She presents on 12/08/2014 with complaints of low back pain radiating down the bilateral lower extremities. Physical exam noted antalgic gait. There was tenderness noted upon palpation in the spinal vertebral area from lumbar 4-sacral 1. Lumbar range of motion was moderately limited secondary to pain. Prior treatment included medications and knee surgery. MRI dated 09/17/2010 report is in the 12/08/2014 note. Diagnosis included: Lumbosacral musculo-ligamentous strain/sprain with radiculopathy; Right knee arthroscopic anterior synovectomy, partial medial menisectomy and non-abrasive chondroplasty of the medial femoral condyle and patella 04/02/2013; Left knee contusion/sprain with Chondromalacia and possible internal derangement. On 12/22/2014 the request for Enovarx-Ibuprofen 10% kit #1 was non-certified by utilization review. The request for Orphenadrine ER 30 mg # 60 was also non-certified by utilization review. One month's supply was approved for weaning purposes. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% Kit #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has ongoing complaints of LBP with associated pain and numbness in the lower extremities. The current request is for Enovarx-Ibuprofen 10% kit #1. Enovarx-Ibuprofen is a topical analgesic non-steroidal anti-inflammatory medication. MTUS guidelines had this to say about topical analgesics: Recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this case, the patient has not been diagnosed with osteoarthritis of the knee, or elbow or any other joints amenable to topical treatment. The available medical records fail to meet the criteria for medical necessity as this medication is not indicated for chronic pain and lumbar radiculopathy. As such, recommendation is for denial.

Orphenadrine ER 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has ongoing complaints of LBP with associated pain and numbness in the lower extremities. The current request is for Orphenadrine ER 30mg #60. The MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that the patient has been using this medication since at least 10/6/14. There is no discussion of an acute exacerbation of the injured workers condition or of a new injury. The guidelines do not recommend this medication for long-term use. As such, recommendation is for denial.