

Case Number:	CM15-0132001		
Date Assigned:	07/20/2015	Date of Injury:	03/24/2004
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female, who sustained an industrial injury on 3/24/2004. The mechanism of injury was not described. The current diagnoses are lumbar disc displacement without myelopathy, cervical disc displacement, sciatica, status post lumbar fusion (2009). According to the progress reports, the injured worker complains of chronic low back pain with radiation down both legs. The level of pain is not rated. The physical examination was not documented. The current medications are Capsaicin cream, Nabumetone, Gabapentin, Orphenadrine, and Cymbalta. Urine drug screen from 4/17/2015 was inconsistent with prescribed medications. Methamphetamine was detected. There is documentation of ongoing treatment with Capsaicin cream and Orphenadrine since at least 4/17/2015. Treatment to date has included medication management and surgical intervention. Work status: No prolonged sitting, standing, and walking. No repetitive bending. No lifting greater than 10 pounds. If modified work is not available, she would be on total temporary disability. A request for Capsaicin cream and Orphenadrine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS recommends capsaicin as an option in patients who have not responded or are intolerant to other treatments. MTUS notes the availability of a 0.075% formulation of capsaicin, which has been primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. None of these conditions is documented in this case. Failure of a trial of over-the-counter preparations containing 0.025% capsaicin is not documented. Specific functional improvement is not documented with capsaicin 0.075%. Based upon lack of documentation that other conservative treatments including capsaicin 0.025% have failed, and lack of sufficient documented functional improvement with capsaicin 0.075%, medical necessity for capsaicin 0.075% is not established per MTUS recommendations, therefore not medically necessary.

Orphenadrine ER (Norflex ER) 100mg #90ms QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65 of 127.

Decision rationale: MTUS recommends 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. MTUS does not recommend the chronic use of muscle relaxants, noting that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Concerning orphenadrine, MTUS cautions concerning prominent anticholinergic effects of this medication and potential for abuse. Medical necessity is not established for the requested orphenadrine per MTUS recommendations.