

Case Number:	CM15-0146032		
Date Assigned:	08/06/2015	Date of Injury:	10/24/2011
Decision Date:	09/22/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 43-year-old female, who sustained an industrial injury on 10-24-11. She reported pain in her right hip. The injured worker was diagnosed as having right hip impingement and hip bursitis. Treatment to date has included a right hip MRI on 5-17-12, a right hip cortisone injection on 1-9-15 with several days of relief and oral and topical medications. At the 2-23-15 visit, the treating physician noted the right hip range of motion was 0-100 degrees of flexion, internal rotation 10 degrees and external rotation 30 degrees. On 4-29-15, the injured worker rated her pain a 10 out of 10 at worst and a 3 out of 10 at best. As of the PR2 dated 6-10-15, the injured worker reports persistent right hip pain. The treating physician noted global tenderness about the right hip. The treating physician requested Orphenadrine 50mg #60, Gabapentin 250mg-Pyridoxine 10mg #120, Flurbiprofen 20%-Cyclobenzaprine 10%-Menthol 4% 180grams #1 and Mometasone 0.15%-Doxepin 5% topical 80grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg QTY: 60. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Medical Fee Schedule; General Instructions page 7, Dietary supplements.

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

Decision rationale: The patient presents with persistent right hip pain. The current request is for Orphenadrine 50mg #60. The treating physician report dated 6/10/15 (27b) states, "The patient was given a prescription for Orphenadrine/Caffeine." Orphenadrine is used for musculoskeletal pain and is supported by the MTUS guidelines for short-term treatment of acute exacerbations. In this case, the patient has been prescribed long-term usage of this muscle relaxant, which is not supported by MTUS beyond a 2-3 week period of time. There is no documentation that could justify long-term usage of this medication. The current request is not medically necessary.

Gabapentin 250mg/Pyridoxine 10mg QTY: 120. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Medical Fee Schedule; General Instructions page 7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The patient presents with persistent right hip pain. The current request is for Gabapentin 250mg/Pyridoxine 10mg #120. The treating physician does not document any radicular pain and the only physical examination finding is that she has global tenderness about her right hip. The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case, the treating physician has requested in his report that the patient be prescribed Gabapentin, but there is no justification for the prescription. The current request is not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% 180grams QTY: 1. 00: Upheld

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

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

Decision rationale: The patient presents with persistent right hip pain. The current request is for Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% 180 grams QTY 1. The MTUS guidelines do not support the usage of muscle relaxants in topical formulation. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains a muscle relaxant, which is not a recommended drug class. The current request is not medically necessary.

Mometasone 0.15%/Doxepin 5% topical 80grams QTY: 1. 00: 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: The patient presents with persistent right hip pain. The current request is for Mometasone 0.15% Doxepin 5% topical 80 grams QTY 1. The treating physician has prescribed a topical cream that contains Doxepin, which is a tricyclic antidepressant. According to www.medicinenet.com, "Doxepin is used to relieve troublesome itching from certain skin conditions (e.g., atopic dermatitis, eczema, neurodermatitis)." It further states that it should be used only for a short time (no more than 8 days). In this case, there is no indication that this patient is experiencing atopic dermatitis, eczema, neurodermatitis, etc. Furthermore, Doxepin is a tricyclic antidepressant, which is not a recommended drug class. The requested topical cream is not medically necessary.