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| Case Number: | CM15-0162237 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 03/25/2013 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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

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 49-year-old female, who sustained an industrial injury on March 25, 2013. She reported left lumbar pain, neck pain and left wrist pain. The injured worker was diagnosed as having right sacroiliac joint dysfunction, cervical thoracic and lumbar spine strain with possible right lower extremity radiculopathy, right greater trochanteric bursitis, possible right hip labral tear, bilateral wrist pain and bilateral de Quervain's tenosynovitis, history of bilateral rotator cuff impingement, right intercostal strain, reactive depression, weight gain by history, completion of a functional restoration program and right lateral epicondylitis. Treatment to date has included diagnostic studies, sacroiliac joint injection with previous good benefit, TENS unit, home exercise program, conservative care, acupuncture therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, low back pain and right lower and upper extremity pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Acupuncture evaluation on February 11, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1-10 scale with 10 being the worst. A 10-pound lifting restriction was continued. Evaluation on February 27, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1-10 scale. It was noted NSAIDs caused gastrointestinal upset however; she did not stop the medication as advised. She noted Tylenol was not helpful. Evaluation on March 31, 2015, revealed continued pain rated at 10 on a 1-10 scale with 10 being the worst. She also noted poor sleep secondary to pain. It was noted physical therapy provided some benefit. It was noted acupuncture therapy was ineffective. Evaluation on August 6, 2015, revealed continued pain as

noted. She rated her pain at 9 in her neck and 8 in her back on a 1-10 scale with 10 being the worst. Retrospective: 1 Topical Mentherm (DOS: 08/06/2015) and Retrospective: Norflex ER 100mg #60 (DOS: 08/06/2015) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Norflex ER 100mg #60 (DOS: 08/06/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for Norflex ER 100mg #60 (DOS: 08/06/2015). The RFA is dated 08/06/15. Treatment to date has included diagnostic studies, sacroiliac joint injection with previous good benefit, TENS unit, home exercise program, conservative care, acupuncture therapy, medications and work restrictions. The patient is not working. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks". Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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. The FDA approved this drug 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." Per report 08/06/15, the patient presents with neck pain, low back pain and right lower and upper extremity pain. Physical examination revealed tenderness of the right trapezius muscle with spasms. Motor strength in the upper and lower extremities was grossly intact. The treater states that the patient has acute spasm of the right trapezius and has not trialed Norflex. He states that Norflex is prescribed for "short course of medication treatment and muscle relaxants are indicted in this instance." This is an initial request for medication. The patient presents with complaints of acute spasms and the treater has recommended Norflex for "short course," however, the current request is for #60. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The request exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Retrospective: 1 Topical Methoderm (DOS: 08/06/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Retrospective: 1 Topical Methoderm (DOS: 08/06/2015). The RFA is dated 08/06/15. Treatment to date has included diagnostic studies, sacroiliac joint injection with previous good benefit, TENS unit, home exercise program, conservative care, acupuncture therapy, medications and work restrictions. The patient is not working. Methoderm gel contains Menthol and Methyl salicylate, an NSAID. MTUS, Topical Analgesics Section, page 111 states "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per report 08/06/15, the patient neck pain, low back pain and right lower and upper extremity pain. Physical examination revealed tenderness of the right trapezius muscle with spasms. Motor strength in the upper and lower extremities was grossly intact. The treater states in regard to Methoderm, that the patient has failed NSAIDs and previously trialed Celebrex and Naprosyn and has suggested a trial of Methoderm. In this case, there is no indication of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAID would be indicated. Therefore, this request IS NOT medically necessary.