

Case Number:	CM15-0167575		
Date Assigned:	09/08/2015	Date of Injury:	02/22/2012
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 61 year old man sustained an industrial injury on 2-22-2013. The mechanism of injury is not detailed. Diagnoses include osteoarthritis and knee pain. Treatment has included oral medications. Physician notes on a PR-2 dated 6-29-2015 show complaints of intense post-operative right knee pain rated 8 out of 10. Recommendations include physical therapy, Norco, Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, topical analgesic, a topical anti-inflammatory, urine drug screen, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg, Caffeine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine 50 mg/caffeine 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are osteoarthritis knee; and pain in joint lower leg. Date of injury is February 22, 2013. Request for authorization is July 15, 2015. According to her progress note dated June 29, 2015, the injured worker status post right knee arthroscopy performed June 19, 2015. Pain score is 8/10. Objectively, the documentation states the injured worker ambulates with crutches. There are no physical findings noted. The injured worker is receiving physical therapy and the treating provider is requesting additional physical therapy. The treatment plan includes requests for Orphenadrine 50 mg/caffeine 10 mg #60. There is no clinical indication or rationale for this combination drug. The treatment plan includes a request for Flurbiprofen 20%, Cyclobenzaprine 10%, and menthol 4% percent cream. There is no clinical indication or rationale for this topical analgesic. The treatment plan contains a request for combination gabapentin/pyridoxine 250/10 mg. There is no clinical indication or rationale for this combination drug. Orphenadrine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of back pain. There is no clinical indication for a combination Orphenadrine and caffeine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a clinical indication or rationale for Orphenadrine/caffeine, Orphenadrine 50 mg/caffeine 10 mg #60 is not medically necessary.

Flurb 20%, Cyclo 10%, Menth 4% cream: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, Cyclobenzaprine 10% and menthol 4% cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are osteoarthritis knee; and pain in joint lower leg. Date of injury is February 22, 2013. Request for authorization is July 15, 2015. According to her progress note dated June 29, 2015, the injured worker status post right knee arthroscopy performed June 19, 2015. Pain score is 8/10. Objectively, the documentation states the injured worker ambulates with crutches. There are no physical findings noted. The injured worker is receiving physical therapy and the treating

provider is requesting additional physical therapy. The treatment plan includes requests for Orphenadrine 50 mg/caffeine 10 mg #60. There is no clinical indication or rationale for this combination drug. The treatment plan includes a request for Flurbiprofen 20%, Cyclobenzaprine 10%, and menthol 4% percent cream. There is no clinical indication or rationale for this topical analgesic. The treatment plan contains a request for combination gabapentin/pyridoxine 250/10 mg. There is no clinical indication or rationale for this combination drug. Flurbiprofen 20% is not FDA approved for topical use. Topical Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical Cyclobenzaprine and topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, Cyclobenzaprine 10% and menthol 4% cream is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbiprofen 20%, Cyclobenzaprine 10% and menthol 4% cream is not medically necessary.

Gabapentin/Pyridoxine 250/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epileptic drugs (AEDs) and Other Medical Treatment Guidelines <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682587.html>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin/pyridoxine 250/10mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. Pyridoxine, vitamin B6, is required by your body for utilization of energy in the foods you eat, production of red blood cells, and proper functioning of nerves. It is used to treat and prevent vitamin B6 deficiency resulting from poor diet, certain medications, and some medical conditions. In this case, the injured worker's working diagnoses are osteoarthritis knee; and pain in joint lower leg. Date of injury is February 22, 2013. Request for authorization is July 15, 2015. According to her progress note dated June 29, 2015, the injured worker status post right knee arthroscopy performed June 19, 2015. Pain score is 8/10. Objectively, the documentation states the injured worker ambulates with crutches. There are no physical findings noted. The injured worker is receiving physical therapy and the treating provider is requesting additional physical therapy. The treatment plan includes requests for Orphenadrine 50 mg/caffeine 10 mg #60. There is no clinical indication or rationale for this combination drug. The treatment plan includes a request for Flurbiprofen 20%, Cyclobenzaprine 10%, and menthol 4% percent cream. There is no clinical indication or rationale for this topical analgesic. The treatment plan contains a request for combination gabapentin/pyridoxine 250/10 mg. There is no clinical indication or rationale for this combination drug. There is no documentation of neuropathic symptoms or objective clinical findings. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of neuropathic symptoms or objective findings, and no clinical indication or rationale for this combination drug, Gabapentin/pyridoxine 250/10mg is not medically necessary.

