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| Case Number: | CM15-0184293 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 05/22/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 66 year old male with a date of injury on 5-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial sprain-strain of the cervical spine, myofascial sprain-strain of the lumbosacral spine and sprain of the left shoulder. Medical records (7-28-2015 to 8-31-2015) indicate ongoing pain in the neck, low back and left shoulder. On 7-28-2015, the injured worker rated his pain at five out of ten with medication and six out of ten without medication. According to the progress report dated 8-31-2015, the injured worker rated the pain as two out of ten; one out of ten with medication. Per the treating physician (8-31-2015), the injured worker was to continue with the regular vocation in the daytime. The physical exam (8-31-2015) revealed tenderness in the cervical and lumbar spines and paraspinal muscles with minimal stiffness. There was no spasm. Range of motion was painful, but within normal limits. There was also tenderness and painful range of motion of the left shoulder. Treatment has included physical therapy, a home exercise program and medications. Dendracin was dispensed at the 7-28-2015 visit. Current medications (8-31-2015) included Tylenol, Codeine, Zanaflex and Celebrex. The request for authorization dated 8-31-2015 was for Dendracin, Orphenadrine and Celebrex. The original Utilization Review (UR) (9-2-2015) denied requests for Orphenadrine and Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #30 with 2 refills: 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: Orphenadrine is a muscle relaxant. It is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and 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. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been taking muscle relaxants since at least June 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized. Therefore, the request is not medically necessary.

Dendracin 120ml with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information; Benzocaine: Drug information.

Decision rationale: Dendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is a topical

skin product that is available over the counter and used for the relief of dry itchy skin. Benzocaine is used as a topical anesthetic. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains drugs that are not recommended. Therefore, the medication cannot be recommended and the request is not medically necessary.