

Case Number:	CM15-0194875		
Date Assigned:	10/08/2015	Date of Injury:	04/30/2010
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 45 year old female, who sustained an industrial injury on 4-30-2010. The injured worker is being treated for multiple herniated nucleus pulposus cervical spine, myelopathy, cervical radiculopathy, canal stenosis C4-5, C5-6, C6-7, bilateral carpal tunnel syndrome, multilevel degenerative disc disease with facet arthropathy and cervical facet arthropathy C4-5 and C6-7. Treatment to date has included medications, physical therapy, chiropractic care, TENS, medial branch block and bilateral rhizotomy. Per the Primary Treating Physician's Progress Report dated 8-21-2015, the injured worker reported pain, numbness and cracking in the neck rated as 5-6 out of 10. She reported aching in the upper back, frequent headaches that have increased in intensity and numbness in the bilateral upper extremities mostly on the left. She reported weakness in her hands and dropping items. She is currently taking Norco, Norflex, gabapentin and Flexeril cream. This regimen helps her increase her activity and improves her sleep. Flexeril cream helps her to relax her muscles and Gabapentin allows her to sleep through the night. Objective findings included tenderness to palpation of the cervical paraspinals and trapezii with spasm noted. There was pain and decreased range of motion upon all planes of range of motion and decreased sensation at the C6, C7 and C8 dermatomes. Work status was deferred to PTP. The plan of care included, and authorization was requested for Norco 10-325mg #90, Gabapentin 500mg #60 (DOS 7-08-2015), Orphenadrine Citrate ER 100mg #60 (DOS 7-08-2015) and Cyclobenzaprine 5% #1 (DOS 7-08-2015). On 9-03-2015, Utilization Review non-certified the request for Orphenadrine Citrate ER 100mg #60 and Cyclobenzaprine 5% #1 (DOS 7-08-2015). Norco 10-325mg #90 is also requested per the application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine Citrate ER (Norflex) 100mg #60 (7/8/15): Upheld

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

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

Decision rationale: The patient presents on 07/08/15 with headaches, neck pain which radiates into the bilateral upper extremities, and lower back pain which radiates into the right buttocks. The patient's date of injury is 04/30/10. The request is for Retrospective Orphenadrine Citrate ER (Norflex) 100mg #60 (7/8/15). The RFA is dated 07/08/15. Physical examination dated 07/08/15 reveals tenderness to palpation of the cervical spine at the C6-7 level and tenderness in the bilateral trapezii with spasms noted. The provider also notes tenderness of the cervical facets, decreased cervical range of motion in all planes, positive Hoffman's test on the right, hyperreflexic upper and lower extremities bilaterally, and decreased sensation in the C6-8 dermatomal distributions on the right. The patient is currently prescribed Gabapentin, Orphenadrine, and topical Cyclobenzaprine. Patient's current work status is not provided. MTUS Guidelines, 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. This drug was approved by the FDA 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. In regard to the continuation of Orphenadrine, the requesting physician has exceeded guideline recommendations. This patient has been prescribed Orphenadrine since at least 05/11/15. Per MTUS guidelines, a short course of muscle relaxants may be warranted for reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. However, the requested 60 tablets in addition to prior use do not imply the intent to limit this medication to a 2-3 week duration and cannot be substantiated. Therefore, the request is not medically necessary.

Retrospective Cyclobenzaprine 5% (Flexeril cream) #1 (7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Topical Analgesics.

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

Decision rationale: The patient presents on 07/08/15 with headaches, neck pain which radiates into the bilateral upper extremities, and lower back pain which radiates into the right buttocks. The patient's date of injury is 04/30/10. The request is for Retrospective Cyclobenzaprine 5% (Flexeril cream) #1 (7/8/15). The RFA is dated 07/08/15. Physical examination dated 07/08/15 reveals tenderness to palpation of the cervical spine at the C6-7 level and tenderness in the bilateral trapezii with spasms noted. The provider also notes tenderness of the cervical facets, decreased cervical range of motion in all planes, positive Hoffman's test on the right, hyperreflexic upper and lower extremities bilaterally, and decreased sensation in the C6-8 dermatomal distributions on the right. The patient is currently prescribed Gabapentin, Orphenadrine, and topical Cyclobenzaprine. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Cyclobenzaprine, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.