

Case Number:	CM15-0204069		
Date Assigned:	10/20/2015	Date of Injury:	07/25/2013
Decision Date:	12/07/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male who sustained an industrial injury on 07-25-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy and lower extremity joint pain. The injured worker is status post left knee surgery in 08-2014 (specific procedure not documented) and L4-L5 right sided decompression and microdiscectomy on 06-05-2015. According to the treating physician's progress report on 08-06-2015, 08-11-2015 and 08-18-2015, the injured worker continues to experience low back pain radiating to the right lower extremity and left knee pain both rated at 6 out of 10 on the pain scale. The injured worker continues to recover from recent back surgery. The injured worker also reported some depression, gradually worsening. He denied suicidal ideation. Examination demonstrated an antalgic gait with tenderness to palpation at the lumbosacral junction with range of motion decreased by 50% flexion and 30% with bilateral rotation. Sensation was decreased to light touch along the right lateral calf with motor strength at 5 out of 5 and negative straight leg raise bilaterally. There was no reported spasm noted. Prior treatments have included diagnostic testing, surgery, physical therapy, chiropractic therapy, massage therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were listed as Norco 10mg-325mg, Gabapentin, Mirtazapine, Orphenadrine-Norflex ER and Capsaicin cream. According to the progress report dated 08-06-2015 Orphenadrine-Norflex ER and Capsaicin cream were discontinued and Norco was changed. Treatment plan consists of a continuing with home exercise program, psychologist consultation and the current request for Orphenadrine-Norflex ER 100mg 1 tab every 8 hours #90 and

Capsaicin 0.075% cream three times a day Qty: 1. On 09-18-2015 the Utilization Review determined the request for Orphenadrine-Norflex ER 100mg 1 tab every 8 hours #90 and Capsaicin 0.075% cream three times a day Qty: 1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075 Percent Cream Apply 3 X Day #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CA MTUS guidelines state that Capsaicin, topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The indications for this topical medication are as follows: "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Orphenadrine-Norflex ER 100mg 1 Tab Every 8 Hrs #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. As the patient has no evidence in the records of significant spasms objectively, the determination is for non-certification for Orphenadrine as it is not medically necessary or appropriate.