

<b>Case Number:</b>	CM15-0205561		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a 57-year-old who has filed a claim for chronic low back, neck, elbow, and wrist pain reportedly associated with an industrial injury of December 23, 2012. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for Norflex and capsaicin. A September 16, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On May 19, 2015, it was acknowledged that the applicant remained off of work, on total temporary disability, owing to ongoing complaints of neck, arm, and low back pain with derivative complaints of depression. The applicant was apparently on Remeron and Neurontin, the treating provider reported. On September 16, 2015, the attending provider noted that the applicant was precluded from her usual and her customary work. 12 sessions of physical therapy and/or functional restoration program was sought. The applicant's medications included Naprosyn, Celebrex, Norflex, Remeron, and topical capsaicin. The attending provider suggested that the applicant discontinue Celebrex and discontinue mirtazapine on the grounds that mirtazapine was too sedating. The attending provider stated the applicant's pain was moderate, and interfered with ability to travel, socialize, and/or perform recreational activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER (extended release) 100mg, #90:** 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:** No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine (Norflex) are recommended with caution as second-line option to combat acute exacerbations of chronic low back pain, here, however, the 90-tablet of supply of Norflex at issue represented chronic, long-term, and thrice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Capsaicin 0.075% cream, #1 (DOS: 09/16/2015):** 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): Capsaicin, topical.

**Decision rationale:** Similarly, the request for topical capsaicin was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include Naprosyn effectively obviated the need for the capsaicin cream at issue. Therefore, the request was not medically necessary.