

<b>Case Number:</b>	CM15-0214732		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: 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 57 year old man sustained an industrial injury on 8-6-2011. Diagnoses include lumbar radiculopathy, lumbar herniated nucleus pulposus, and lumbar facet arthropathy. Treatment has included oral and topical medications including Ultracet, Relafen, Flexeril, and Capsaicin cream, chiropractic care, physical therapy, and surgical interventions. Physician notes dated 9-30-2015 show complaints of low back pain rated 8 out of 10 with radiation to the right lower extremity. The worker rates his pain 9 out of 10 without medications and 7 out of 10 with medications. The physical examination shows an antalgic gait with diffuse tenderness to the lumbar spine with spasms and positive facet provocation test. Range of motion is noted to be flexion 5 out of 60 degrees, extension 5 out of 25 degrees with both pain, and bilateral lateral bending 10 out of 25 degrees. Sensation is decreased on the left side to light touch and pin prick in the L5 and S1 dermatomes, patellar and Achilles reflexes are diminished bilaterally, and a positive straight leg raise on the left. Recommendations include Capsaicin cream, Orphenadrine, Diclofenac, lumbar spine MRI, Tylenol #3, Zantac, and follow up in four weeks. Utilization Review denied requests for diclofenac, Orphenadrine, and Capsaicin cream on 10-20-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac DR 75mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term due to increased cardiovascular and GI problems. Patient is on relafen chronically. Chronic use of NSAID is not recommended; diclofenac is not medically necessary.

**Orphenadrine 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) Muscle relaxants (for pain).

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

**Decision rationale:** Norflex/Orphenadrine is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. It should only be used short term. Patient has been on this chronically and request is not consistent with weaning or short-term use. Not medically necessary.

**Compound medication CM4- Capsaicin 0.05% and Cyclobenzaprine 4% x1:** Upheld

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

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

**Decision rationale:** As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. FDA approved Capsaicin is readily available, there is no indication in compounding this with an unsupported medication. 2) Cyclobenzaprine is not FDA approved for topical use. It is not recommended. There is no evidence for efficacy as a topical product. This non-evidence based compounded product is not medically necessary