

<b>Case Number:</b>	CM15-0214793		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/01/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 4-15-10. The injured worker was diagnosed as having multilevel cervical herniated nucleus pulposus with canal stenosis and neural foraminal narrowing at C5-6 and cervical radiculopathy. Treatment to date has included left C5-7 medial branch block on 8-25-15, 5 sessions of acupuncture, 8 sessions of chiropractic treatment, and medication including Gabapentin, Naproxen, Orphenadrine, Prilosec, and Capsaicin cream. Physical exam findings on 9-11-15 included decreased cervical range of motion and tenderness to palpation over the left cervical paraspinous muscles and cervical facets. Tenderness to palpation was also noted over the left trapezius and rhomboid muscles. A positive left sided facet joint loading test was noted. On 8-17-15, pain was rated as 8 of 10. The injured worker had been taking Orphenadrine since at least December 2014 and using Capsaicin cream since at least August 2015. On 9-11-15, the injured worker complained of neck pain rated as 5 of 10 with radiation to the left shoulder blade. The treating physician requested authorization for Orphenadrine Citrate 100mg #60 and CM4 Capsaicin 0.05% + Cyclobenzaprine 4% #1 both for the date of service 9-11-15. On 10-1-15, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg #60 (09/11/15): 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:** Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants for over a year including prior Flexeril use in combination NSAIDS with persistent symptoms. Continued and chronic use of Norflex is not medically necessary.

**CM4 Capsaicin 0.05% + Cyclobenzaprine 4% #1 (09/11/15): 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, topical Capsaicin in doses higher than .025% do not provide more benefit. The claimant remained on oral analgesics as well without mention of reduction in use. Since the compound above contains these topical medications, the Capsaicin 0.05% + Cyclobenzaprine 4% is not medically necessary.