

Case Number:	CM15-0050112		
Date Assigned:	03/23/2015	Date of Injury:	02/02/2001
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 63-year-old female, who sustained an industrial injury on 02/02/2001. The injured worker was diagnosed as having cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, hip sprain/strain and generalized pain. Treatment to date has included x-rays, MRI and medications. Currently, the injured worker complains of persistent low back pain with radiation to the legs. She had a positive straight leg raise test with motor weakness. Authorization was requested for the injured worker to be evaluated by a spine specialist. On 02/23/2015, the provider requested authorization for Orphenadrine, Kera Tek Gel, Gabapentin/Pyridoxine and compound creams. Diagnoses included Herniated Nucleus Pulposus of the lumbar spine, lumbosacral disc degeneration and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/ Caffeine 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127. Decision based on Non-MTUS Citation <http://www.rxlist.com/cafcit-drug/indications-dosage.htm>.

Decision rationale: Regarding the request for Orphenadrine 50mg/ Caffeine 10mg, #60, CA MTUS states that compound medications require guideline support for all components of the compound in order for the compound to be approved. California MTUS, ACOEM, and ODG contain no guidelines regarding use of caffeine. Caffeine is indicated in the treatment of preterm infants with apnea. Within the documentation available for review, there is no indication that the patient has a specific medical diagnosis for which the use of caffeine would be indicated. In the absence of such documentation, the currently requested Orphenadrine 50mg/ Caffeine 10mg, #60 is not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg, (Unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

Decision rationale: Regarding the request for Gabapentin/Pyridoxine 250mg/10mg, CA MTUS states that compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request Pyridoxine (Vitamin B) California MTUS guidelines do not contain criteria for the use of B. ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the current request for Gabapentin/Pyridoxine 250mg/10mg is not medically necessary.