

<b>Case Number:</b>	CM15-0058916		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 40 year old male who sustained a work related injury April 21, 2008. According to a treating physician's visit note, dated March 11, 2015, the injured worker presented for follow-up of chronic low back pain due to lumbar displacement and a lumbar strain. He complains of low back pain, with radiation down the left lower extremity. He has numbness which extends down the posterolateral aspect of his right leg to the foot, and his fourth and fifth toes are numb. He reports feeling weaker in the left leg than the right, stumbles often, and is worried he may fall. Current medications included; Norco, gabapentin, Norflex, and topical ketamine cream. He stated the medications provide 50% decrease in pain, which allows him to take care of his children and perform activities of daily living. Diagnoses included lumbar disc displacement without myelopathy; sprain/strain lumbar region, left hip strain/hip flexor strain left, greater trochanteric bursitis; headache. Treatment plan included request for authorization of medications and Ketamine 5% Cream 60 gr, QTY: 1 and Orphenadrine-norflex Er 100mg #90ms QTY: 90, surgical consultation with spine surgeon, resubmit request for an updated MRI and preliminary urine drug screen performed, awaiting testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60gr. SIG: Apply to affected area three times a day Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketamine is recommended as topical analgesics for chronic back pain. Based on the above Ketamine 5% cream 60gm is not medically necessary.

**Orphenadrine-norflex ER 100m #90ms SIG: 1 tab per day for muscle relaxant Qty: 90:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Anti-Spasticity Drugs Page(s): 63, 66.

**Decision rationale:** According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The medication, in this case, has been used for a longtime without any evidence of functional improvement. Therefore, the request of Orphenadrine-norflex ER 100 mg #90 is not medically necessary.