

<b>Case Number:</b>	CM14-0143913		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/12/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 47-year-old female with a 9/12/10 date of injury. The mechanism of injury occurred when she was struck by a wheelchair, resulting in injury to shins, low back, and right shoulder. According to a progress report dated 7/30/14, the patient complained of ongoing low back pain and lower extremity symptoms rated at 5-7/10 on the pain scale. She stated that her pain is relatively unchanged since her last visit and sometimes had trouble walking. The patient stated that Norco and Gabapentin help with her pain and normalize her function and denied side effects. The provider is starting her on a trial of Orphenadrine for spasms. Objective findings: limited range of motion of lumbar spine with spasms noted, tenderness to palpation of lumbar spine with spasms, decreased sensation of bilateral L3, L4, L5, and S1 dermatomes, positive sciatic notch tenderness bilaterally. Diagnostic impression: left sided disc herniation at L5-S1 with stenosis, lumbar radiculopathy, right shoulder subacromial impingement, bilateral median neuropathy. Treatment to date: medication management, activity modification, physical therapy, aquatic therapy, acupuncture. A UR decision dated 8/29/14 denied the requests for Mentherm, Orphenadrine, and Hydrocodone/APAP. Regarding Mentherm, topical medications have not been adequately proven with regards to overall efficacy and safety. Regarding Orphenadrine, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication and it is not indicated for long-term use. Regarding Hydrocodone/APAP, there is no evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel 4 oz # 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why this patient requires this brand name medication as opposed to an over-the-counter equivalent was not provided. Therefore, the request for Mentoderm gel 4oz #1 was not medically necessary.

**Orphenadrine Cirate 100 mg ER # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is noted that the provider is starting the patient on a trial of Orphenadrine for her spasms. However, there is no documentation that the patient has had an acute exacerbation to her pain. The patient's condition is relatively unchanged since her last visits. In addition, the patient is not noted to be taking an NSAID and there is no documentation that the patient has had a trial and failed NSAID therapy. Therefore, the request for Orphenadrine Citrate 100 mg ER was not medically necessary.

**Hydrocodone/APAP 7.5/325 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone/APAP 7.5/325 mg #90 was not medically necessary.