

Case Number:	CM14-0149568		
Date Assigned:	09/18/2014	Date of Injury:	05/21/2013
Decision Date:	11/19/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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:

According to the records made available for review, this is a 66-year-old male with a 5/21/13 date of injury. At the time (8/11/14) of request for authorization for Lidocaine 5% topical ointment, 35.44 gm tube, QTY: 1 with 2 refills, Orphenadrine Citrate ER 100 mg, QTY: 30, and Hydrocodone/Acetaminophen 10/325mg, QTY: 60, there is documentation of subjective (back pain with spasm and bilateral leg pain radiating to left ankle as well as right calf) and objective (tenderness over lumbar spine, painful lumbar range of motion, and positive bilateral straight leg raise) findings, current diagnoses (displacement of lumbar intervertebral disc and degeneration of intervertebral disc), and treatment to date (medications (including ongoing treatment with Lorazepam, Zanaflex, Meloxicam, and Hydrocodone/Acetaminophen 10/325)). Medical report identifies a request for Orphenadrine to be taken one tablet twice a day with 0 refills; and that pain feels the same with some muscle spasm with the use of Hydrophone-Acetaminophen. Regarding Orphenadrine Citrate ER 100 mg, there is no documentation of acute exacerbation of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% topical ointment, 35.44 gm tube, QTY: 1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc and degeneration of intervertebral disc. However, Lidocaine ointment contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5% topical ointment, 35.44 gm tube, QTY: 1 with 2 refills is not medically necessary.

Orphenadrine Citrate ER 100mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc and degeneration of intervertebral disc. In addition, there is documentation of Orphenadrine used as a second line option. Given the documentation, the request for Orphenadrine Qty: 30 to be taken one tablet twice a day with 0 refills, there is documentation of the intention for short-term (less than two weeks) treatment. However, despite documentation of muscle spasm, and given documentation of a 5/21/13 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbation of chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate ER 100mg, QTY: 30 is not medically necessary.