

Case Number:	CM14-0212961		
Date Assigned:	01/12/2015	Date of Injury:	05/11/2011
Decision Date:	03/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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

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 (IW) is a 58 year old female who sustained an industrial injury on 05/11/2011 when she was attacked in the process of her work. She has reported neck, wrist, foot and hand pain. Diagnoses include shoulder sprain, shoulder impingement, carpal tunnel syndrome, hand sprain/strain and anxiety disorder. Treatment to date includes medications, occupational therapy, steroid injections, splinting, activity modification, ergonomic workstation evaluation, and medications. In a progress note dated 11/12/2014, the treating provider reports that the IW has been overcompensating with the left upper extremity which now has numbness and tingling in the hand. Both the left and right hands and the left foot heel area are reported to have numbness and tingling. The IW had hand surgical evaluation earlier in November and was given a left wrist injection that provided some improvement. On exam, the IW has cervical tenderness and spasm with restricted motion, normal motor exam, reduced sensation in the bilateral median nerve distribution. She had right shoulder tenderness and impaired motion. The right 4th finger was contracted toward the palm, and she had a positive Tinel's and Phalen's. On 11/20/2014 Utilization Review non-certified a request for Medrol (methyl salicylate 20.0%, menthol 7%, capsaicin 0.050% ointment refills: 2 noting there was no documentation of clinical efficacy with prior use as demonstrated by a reduction in visual analog scale pain scores and improved functional tolerance to specified activities that is measured and compared with and without medro. The MTUS Chronic Pain Guidelines, Topical Analgesics were cited as were the Official Disability Guidelines, Pain. On 11/20/2014 Utilization Review modified a request for Orphenadrine 100mg ER 2 times a day #60 refill 1 to Orphenadrine 100mg ER #40 with no

refills for the purpose of weaning, noting that based on evidence based guidelines and the available information, no medical necessity for this medication was found. Approval of #40 with no refills is to allow for weaning. The MTUS Guidelines, Muscle Relaxants were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg ER 2 times a day #60 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Orphenadrine 100mg ER 2 times a day #60 refill 1 is not medically necessary and appropriate.

Medrox (methyl salicylate 20.0%, menthol 7%, capsaicin 0.050% ointment) refills: 2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Medrox Patches contains [Capsaicin/Menthol/Methyl Salicylate]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox

patches over 0.025% has not been shown to be more efficacious. The Medrox is not medically necessary and appropriate.