

<b>Case Number:</b>	CM15-0073642		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania, Ohio, 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 is a 44 year old male who sustained an industrial injury on 07/23/2013. Diagnoses include cervical intervertebral disc without myelopathy, lateral epicondylitis. Treatment to date has included diagnostic studies, medications, heat and ice, physical therapy, and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 11/17/2014 documents the injured worker is being seen for examination of her cervical spine, left wrist and right shoulder. She has persistent pain, spasms and no changes in motion, sensation and strength since last visit. Treatment requested is for Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol Cream 4% 180 mg, Orphenadrine 50 mg/Caffeine 10 mg, Qty 60, Gabapentin /Pyridoxine 250 mg /10 mg Qty 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 50 mg/Caffeine 10 mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65. Decision based on Non-MTUS Citation URL (<http://www.ncbi.nlm.nih.gov/pubmed/23124566>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline would not support use of orphenadrine given its substantial anticholinergic effects. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

**Flurbiprofen 20% / Cyclobenzaprine 10% / Mentyh Cream 4% 180 mg:** 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:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally the muscle relaxant cyclobenzaprine is specifically not recommended for topical use. For these multiple reasons, this request is not medically necessary.

**Gabapentin / Pyridoxine 250 mg / 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - B vitamins.

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally these guidelines specifically do not recommend Gabapentin for topical use. For these multiple reasons, this request is not medically necessary.