MAXIMUS Federal Services

Case Number:	CM15-0090544		
Date Assigned:	05/14/2015	Date of Injury:	07/13/2011
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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 65 year old male, who sustained an industrial injury on 7/13/11. The injured worker has complaints of chronic low back, right hip and left shoulder pain. The documentation noted on examination of the cervical spine reveals tenderness to palpation along the cervical paraspinous muscles with muscle tension extending into the bilateral upper trapezius muscles and examination of the left shoulder reveals tenderness to palpation over the rotator cuff muscles. The diagnoses have included long-term use medications; spondylosis lumbosacral and bursitis not otherwise specified. Treatment to date has included lumbar epidural steroid injection with some pain relief; right hip injection that did not help with his pain; magnetic resonance imaging (MRI) of the lumbar on 9/6/11 showed advanced facet degenerative changes right greater than left with grad 1 anterolisthesis and moderate to moderately severe degree of neural foraminal stenosis right greater than left; electromyography/nerve conduction study showed chronic right L5 radiculopathy; right hip X-ray on 9/18/14 was negative; mirtazapine; naproxen; doxepin; capsaicin; orphenadrine; protonix; tramadol and acetadryl. The request was for capsaicin 0.075% 60 grams and orphenadrine extended release 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% 60 grams: Upheld

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

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

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 requested concentration of Capsaicin exceeds the 0.025% recommended maximum concentration per MTUS. Additionally MTUS recommends Capsaicin only for patients who have not responded to or are intolerant to other treatment, a situation not documented in this case. For these multiple reasons, this request is not medically necessary.

Orphenadrine Extended Release 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic, muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. The records in this case do not provide an alternate rationale to support longer or ongoing use. The request for #90 tablets exceeds the guidelines for short-term use only. This request is not medically necessary.