

<b>Case Number:</b>	CM13-0014265		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 60-year-old female with date of injury of 05/01/2008. The listed diagnoses per [REDACTED] dated 11/18/2013 are: (1) Cervical radiculopathy, (2) Contusion of the knee fusion, (3) Thoracic or lumbosacral neuritis or radiculitis, (4) Sprain of sacroiliac ligament, (5) Sprains and strains of the wrist and hand, (6) Tenosynovitis of hand and wrist, (7) Chondromalacia patella. According to progress report dated 11/18/2013 by [REDACTED], the patient complains of right knee weakness with locking and giving way. She reports pain with bending, kneeling, and walking. Handwritten reports were difficult to read and were barely legible. Objective findings show lumbar spine is tender. Straight leg raise increases low back pain, right sacroiliac joint is positive, right knee is tender. The patient is currently taking Relafen, Prilosec and Dendracin lotion. Treating provider is requesting a refill for Relafen, Prilosec, and Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR RELAFEN 750MG, #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): 60-61.

**Decision rationale:** This patient presents with chronic low back pain and right knee pain. The treating provider is requesting a refill for Relafen. Utilization review dated 10/23/2013 denied the request stating that records reveal that the patient has been utilizing Relafen without evidence of functional improvement with ongoing use. Review of reports from 03/06/2013 to 11/18/2013 shows that the patient has been taking Relafen since 03/20/2013. MTUS Guidelines pages 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. MTUS page 22 does allow for the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain, although in other places, it is recommended for short-term use only. In this patient, despite review of reports from 8/20/13, the treating provider does not provide any documentation that Relafen is doing anything for the patient's pain or function. There is no documentation that the patient is even taking this medication as the treating provider does not discuss it. Recommendation is for denial.

**PRESCRIPTION FOR PRILOSEC 20MG, #30 BETWEEN 7/15/13 AND 9/13/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** This patient presents with chronic low back pain and right knee pain. The treating provider is requesting a refill for Prilosec to be used in conjunction with prescribed NSAIDs. Review of records from 03/06/2013 to 11/18/2013 shows that the patient has been prescribed Prilosec since 07/15/2013 due to NSAID use and/or other medication use. MTUS Guidelines page 58 and 59 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events; (1) age is greater than 65 years, (2) history of peptic ulcer or GI bleed or perforation, (3) concurrent use of acetylsalicylic acid (ASA) or corticosteroids and/or anticoagulant, (4) high dose multiple NSAIDs. In this case, there is no documentation of any adverse side effects from the use of NSAIDs, no history of GI risk factors, no GI risk assessment. Therefore, recommendation is for denial.

**PRESCRIPTION FOR DENDRACIN LOTION 120ML BETWEEN 7/15/13 AND 9/13/13:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain and right knee pain. The treating provider is requesting a refill for Dendracin lotion. Review of reports from 03/06/2013 to 11/18/2013 shows that the patient has been prescribed Dendracin lotion since 04/19/2013. MTUS Guidelines page 11 states, "Topical analgesics are largely experimentally used with few

randomized controlled trials to determine efficacy or safety." MTUS further states that any compounded product that contains at least 1 drug that is not recommended is not recommended. The topical Dendracin is a combination of methyl salicylate, benzocaine, and menthol. Benzocaine is a local numbing medication or anesthetic that works to block nerve signals in the body. For Salicylate, an NSAID, MTUS states that it is indicated for peripheral joint arthritis/tendinitis but not for spine or shoulder. The treating provider does not document which condition this patient is using this topical product. Furthermore, MTUS guidelines do not allow any other formulation than patches for Lidocaine, similar medication to Benzocaine. Dendracin lotion has benzocaine lotion. This is not recommended per MTUS. Recommendation is for denial.