

Case Number:	CM13-0014448		
Date Assigned:	10/03/2013	Date of Injury:	09/10/2012
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 40-year-old male with a work-related injury. The patient was injured while picking up a steel hub. The patient was noted to have spasms in the lumbar spine. The diagnoses were not provided. A request was made for Dendracin 120mL, Terocin lotion, Neurontin 600mg, Flexeril 7.5mg #90, Naprosyn 550mg, and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-111. Decision based on Non-MTUS Citation Dendracin online drug insert.

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: temporary relief of minor aches and pains caused by arthritis, simple backache, and strains.

The clinical documentation indicated that the cream was for treatment of paresthesias. The clinical documentation submitted for review failed to provide that the patient had a trial of an antidepressant or anticonvulsant that had failed. Given the above and the lack of documentation of failure of trial of antidepressant and anticonvulsant, the request for Dendracin 120mL is not medically necessary.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-112.

Decision rationale: Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The California MTUS does not specifically address Terocin; however, the MTUS does state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, such as Lidocaine or Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the records failed to provide whether the patient had not responded or was intolerant to other treatments and Lidocaine is noted to be not approved for topical use, except in the formulation of Lidoderm. Additionally, there was a lack of documentation indicating the quantity of Terocin lotion. Given the above, the request for Terocin lotion is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The clinical documentation submitted for review indicated this medication would be a new medication for the patient's muscle spasms. However, the documentation failed to provide the necessity for 90 tablets as California Guidelines indicate the patient should have a short course of therapy with this medication. Given the above and the lack of documentation of exceptional factors, the request for Flexeril 7.5mg #90 is not medically necessary or appropriate.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The California MTUS guidelines indicate that Gabapentin is recommended for neuropathic pain. The clinical documentation submitted for review indicated the patient had a positive straight leg raise with decreased sensation to the left foot, decreased strength to the left lower extremity, and decreased ankle reflexes on the left side. It was noted the patient complained of pain in the lumbar spine with numbness of the left foot and some weakness of the left leg. It was also noted that taking the medications had some benefit. However, the clinical documentation submitted for review failed to provide the efficacy of Neurontin, specifically. There was a lack of documentation indicating the number of pills being requested. Given the above and the lack of documentation of the efficacy, the request is for Neurontin 600mg is not medically necessary.

Naprosyn 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,70.

Decision rationale: The California MTUS guidelines indicate that Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient's treatment goals. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, the patient's treatment goals were not specified and the number of pills being request was not provided. Given the above and the lack of documentation of the efficacy of the medication, the request for Naprosyn 550mg is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the medication Omeprazole was being given to the patient prophylactically as the patient was noted to be taking an NSAID. The clinical documentation failed to provide that the patient had signs and symptoms of dyspepsia to support the ongoing treatment. Additionally, the clinical documentation failed to provide the number of pills being requested. Given the above, the request for Omeprazole 20mg is not medically necessary.