

<b>Case Number:</b>	CM13-0014925		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/18/1997
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 54-year-old male who was injured on July 18, 1997. The patient continued to experience left ankle and right knee pain. Physical examination was notable for pain in the left ankle and right knee across the joint line and crepitation with range of motion. Diagnosis was talonavicular arthritis left ankle status post ankle fusion, right knee pain, and left sural sensory mononeuropathy in the left foot and left calf. Treatment included hot/cold therapy, TENS unit, and medications. Requests for authorization for TENS pad, Prilosec 20 mg # 60, Dendracin Lotion 120 ml, retrospective TENS pad, retrospective Norco 10/325, retrospective Prilosec, and retrospective Dendracin were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS PAD QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if

used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this case, there is no documentation that the patient underwent a trial to determine if functional improvement could be obtained. In addition, there is no documentation that the patient was participating in a functional restoration program as recommended in the guidelines. Therefore, the pads for the TENS unit were not medically necessary.

**PRILOSEC 20MG, #60:** Upheld

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

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

**Decision rationale:** Prilosec is omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case is not using NSAID medication and does not have any of the risk factors for a gastrointestinal event. Therefore, the requested Prilosec is not medically necessary.

**DENDRACIN LOTION 120 ML:** Upheld

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

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

**Decision rationale:** Dendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains two drugs that are not recommended. Therefore, the requested Dendracin lotion is not medically necessary or appropriate.

**TENS PAD DISPENSED 8/1/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this case, there is no documentation that the patient underwent a trial to determine if functional improvement could be obtained. In addition, there is no documentation that the patient is participating in a functional restoration program as recommended in the guidelines. Therefore, the requested pads for the TENS unit are not medically necessary.

**RETROSPECTIVE NORCO 10/325MG DISPENSED 8/1/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use includes establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient had been using no opioids since at least August 2012. There is no signed opioid contract and no urine drug testing. In addition, the patient has not obtained analgesia. Criteria for long-term use of opioids have not been met. Therefore, Norco was not medically necessary or appropriate.

**RETROSPECTIVE PRILOSEC 20MG, DISPENSED 8/1/13: Upheld**

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

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

**Decision rationale:** Prilosec is omeprazole, a PPI. PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using NSAIDs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. Therefore, Prilosec was not medically necessary.

**RETROSPECTIVE DENDRACIN LOTION 120 ML:** Upheld

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

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

**Decision rationale:** Dendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains two drugs that are not recommended. Therefore, Dendracin lotion was not medically necessary or appropriate.