

Case Number:	CM13-0020926		
Date Assigned:	03/26/2014	Date of Injury:	12/02/2002
Decision Date:	05/05/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 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:

Patient reported a date of injury of 12/2/2002. No mechanism of injury provided. Patient has a diagnosis of complex regional pain syndrome of Left lower extremity and multifocal musculoskeletal pain syndrome from primary treating physician. Patient also has diagnosis of lumbar disc disease L5-S1, bilateral knee meniscal tears, Right hand carpal tunnel post release, Left stable carpal tunnel syndrome, cervical spine myofascial pain and fibromyalgia as per orthopedics report. Multiple reports from primary treating physician and any consultants were reviewed. Last report available until 8/9/13. Patient continues to report Left lower extremity pain. Pain is chronic. Patient also has diffuse pains. Pain is reported as "severe" and Norco and Baclofen is reported to "take the edge off the pain" and claimed improvement in activities of daily function. There is no report of constipation or any complains of dyspepsia. Objective exam reveals a patient that appears depressed but in no distress. Allodynia of Left lower extremity walks with a cane. Tender points in neck and back area (location is not documented). A physical exam report by orthopedics (5/28/13) reports normal cervical and trapezius exam. Range of motion (ROM) is normal but has mild pain on flexion. No spasms. Thoracic exam and ROM is normal. Sensation and motor function of upper arms is normal with normal exam and ROM. There is mildly decreased sensation along median nerve in hands with positive Phalen and Carpal tunnel test on Left side. Patient has a noted Left sided limp with slight lumbar paravertebral tenderness. ROM is normal with no noted spasms. The primary treating physician reports that there is no suspicious behavior concerning patient's opioid use. X-rays and MRIs of both knees were done and review by orthopedist notes (6/10/13), a tear in anterior horn of lateral meniscus on Left knee. There is a tear on anterior horn of lateral meniscus on Right side. Noted degeneration of anterior cruciate ligaments. MRI of spine notes L5-S1 diffuse disc bulge of 4mm broad based central disc protrusion mildly indenting the anterior theca sac and small spinal canal

stenosis. Mild-moderate bilateral neural foramina stenosis. Current medication (8/9/13) is Cymbalta, Celexa, Lidoderm, Metformin, Glipizide, Oxycodone 10mg, Senna, Dendracin, Baclofen, Miralax, Norco and Prilosec. Utilization review is for prescriptions for Baclofen 10mg #90, Dendracin lotion, Miralax, Norco 10mg/325 #60 and Prilosec 20mg #30. Prior UR on 8/29/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiplasticity Drugs Page(s): 67.

Decision rationale: Baclofen is only recommended in spasms related to spinal cord injuries, multiple sclerosis or cerebral related spasticity. There is some evidence to support its use in trigeminal neuralgia. Pt does not meet any criteria for use and there are no documented spasms on all the physical exam reports reviewed. Baclofen is not medically necessary

DENDRACIN LOTION: Overturned

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

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

Decision rationale: Dendracin is a topical medication containing several compounds. It contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Pt has knee, entire L limb and diffuse muscle pain which are treatable with topical methyl-salicylate. It is medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is evidence of efficacy of capsaicin in fibromyalgia related pain. Since patient's pain is poorly controlled even on high dose opiates and other oral medications and has a diagnosis of fibromyalgia, it is medically recommended. 3) Menthol: there is no information about menthol in the MTUS. The 2 main active ingredients are medically recommended therefore Dendracin is medically necessary.

MIRALAX: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Miralax is a laxative and stool softener used to treat constipation. As per MTUS Chronic Pain guidelines, an anti-constipation medication should be used prophylactically in patient's chronically on opioids. Patient is chronically on Norco and Oxycodone, an opioid. The prescription for Miralax is medical recommended.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is a combination medication containing acetaminophen and Hydrocodone, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is vague documentation of Norco "taking the edge off the pain" but no objective documentation of improvement in pain or activity of daily living. Documentation does not support the continued ongoing management and use of Norco. Use of Norco is not medically necessary.

PRILOSEC 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. There is no report of dyspepsia and patient does not meet high risk for GI bleed. The only NSAID patient is on is topical Dendracin (which contains methyl salicylate) which in the above review is not recommended. Prilosec is not medically necessary.