

<b>Case Number:</b>	CM13-0022981		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

██████████ states that he saw the patient on 08/12/2013. The patient continued with chronic pain symptoms which were unchanged. Medications for pain were provided affording relief to the patient. It was noted that the physical exam findings from 11/06/2013 revealed tenderness of the right shoulder with limited range of motion. The patient was continued with medications and had noted relief. ██████████ indicates that the patient has been using Norco for pain relief which has been effective because it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain. The utilization review letter dated 09/03/2013 had denied the patient's Norco 10/325 mg #120 and Dendracin topical lotion. ██████████ indicates that the Dendracin lotion was used to temporarily relieve the patient's minor aches and pains caused by arthritis and strains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The records indicate the patient continues with moderate to severe pains in the cervical and lumbar spine as well as right shoulder and bilateral knees. MTUS Guidelines, page 88 and 99, regarding long-term use of opioids, requires that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. It further states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The California MTUS further states that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be monitored over time to affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There were 6 progress reports dated between 01/09/2013 and 08/12/2013 that were reviewed. These were handwritten notes that were mostly illegible. The supplemental report by [REDACTED] dated 01/08/2014 states that the Norco has been effective because it allows the patient to perform some activities of daily living. It is unclear if there was ever a validated instrument to objectively assess the patient's level of functional improvement gained by opioid medication. It is also unclear if there was assessment of adverse side effects and aberrant drug-taking behaviors. Therefore, recommendation is for denial.

**Dendracin (brand name only) 120 ml:** 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:** The patient continues with moderate to severe pain in the cervical and lumbar spine as well as upper and lower extremities including bilateral knee pain. The treating provider indicates that the Dendracin lotion is applied for temporary relief of minor aches and pains caused by arthritis and strains. MTUS page 111 through 113 regarding topical analgesics states that, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." The Dendracin lotion contains methyl salicylate and capsaicin at a concentration of 0.0375%. MTUS Guidelines regarding capsaicin states that it is recommended only as an option in patients who have not responded or intolerant to other treatments. It further states that there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The Dendracin lotion with the 0.0375% capsaicin concentration does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.