

<b>Case Number:</b>	CM13-0023894		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old male who sustained an industrial injury on 08/07/00 and 06/06/02 (cumulative trauma (CTII). The patient has been under the care of the treating physician for lumbar degenerative disc disease with associated facet arthropathy and foraminal stenosis, both severe L3-4 and L2-3, bilateral lower extremity radiculopathy, urologic incontinence, cervical spondylosis, reactionary depression/anxiety, medication induced gastritis and xerostomia with multiple caries secondary to chronic narcotic use. MRI of the lumbar spine dated 04/19/05 reportedly reveals at L4-5, a 3,5mm disc bulge with associated facet arthropathy causing mild to moderate foraminal narrowing and spinal stenosis. There is a 3.5-4mm disc bulge at L3-4 with moderate spinal canal narrowing. There is a high-intensity zone representing an annular tear. At L2-3, there is a 2-3mm disc bulge causing mild foraminal and central stenosis with a high intensity zone representing an annular tear. At L1-2, there is a 3-4mm disc bulge with mild spinal narrowing and mild to moderate neural foraminal encroachment. At L5-S1, there is a 2-3 cm disc bulge and bilateral facet arthropathy and a high intensity zone representing an annular tear. An electrodiagnostic study performed by [REDACTED] on June 6, 2005 reveals active bilateral lumbar paraspinal motor denervation throughout the upper and lower lumbar sacral region. There is bilateral chronic LS radiculopathy and a bilateral S1 root reflex neuropathy. The patient reportedly had an evaluation recently and was found to be an appropriate candidate to start a multidisciplinary pain management program. A multidisciplinary evaluation dated 12/13/12 is noted, notes that the patient has had extensive treatment including physical therapy and a spinal cord stimulator (SCSI trial without significant benefit. The patient is noted to be utilizing Lyrica and reports that he is receiving relief from use of his current medications. His medications from office note 7/29/13 are: MS Contin 30 mg, t.i.d. p.r.n. Norco 10/325 mg, 8 tablets a day Lyrica

50 mg, t.i.d. p.r.n. Soma 350 mg, 6-8 a day Prilosec 20 mg, 1-2 q.d. Ativan 1 mg, b.i.d. p.r.n. (transitioned out of Ambien) Ambien 10 mg q.h.s. Colace 100 mg, 1 tablet twice a day Dendracin topical analgesic cream Prior UR denied Dendracin topical and Prilosec. These medications are addressed in this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RETRO MEDICATION: PRILOSEC 20MG #60; DATE DISPENSED 7/29/13:** Upheld

**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 Page(s): 69.

**Decision rationale:** RETRO MEDICATION: PRILOSEC 20MG #60; DATE DISPENSED 7/29/13 is not medically necessary per MTUS guidelines. Documentation reveals no evidence patient is on an NSAID. Although there is documentation of medication induced gastritis patient does not meet guideline recommendations to be on a proton pump inhibitor. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.

**RETRO MEDICATION: DENDRACIN TOPICAL, DATE DISPENSED 7/29/13:** Upheld

**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 Page(s): s 105, 111-113.

**Decision rationale:** RETRO MEDICATION: DENDRACIN TOPICAL, DATE DISPENSED 7/29/13 is not medically necessary per MTUS guidelines. Dendracin Topical contains:Active ingredients. Methyl Salicylate 30%;Capsaicin 0.0375%;Menthol USP 10%. Per MTUS guidelines," Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. ." Additionally , the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.". Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate . The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Capsaicin topical 0.375% is not recommended. 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.

