

Case Number:	CM13-0027286		
Date Assigned:	03/19/2014	Date of Injury:	09/21/2011
Decision Date:	05/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient has submitted a claim for lumbar myoligamentous injury with discopathy associated with an industrial injury date of September 21, 2001. Treatment to the date has included epidural steroid injections, opioid and non-opioid pain medications, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of increased pain in her neck and lower back. Electrodiagnostic studies revealed that the patient has a left L5 radiculopathy and mild to moderate bilateral carpal tunnel syndrome. On examination, there was tenderness over the cervical spine musculature and upper back with multiple trigger points and taut bands all throughout. Cervical spine range of motion was decreased. Sensory exam for the posterior lateral arm and lateral forearm on the right was reduced compared to the left. The low back was noted to be tender with palpable trigger points and taut bands. Lumbar range of motion was decreased. There was decreased sensation over the posterior lateral thigh and lateral calf on the left when compared to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #300 (6-8 A DAY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Specific Drug List Page(s): 91.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, it is unclear when the patient started taking Norco as the documentation did not specify any start date. However, the patient was definitely using Norco prior to utilization review. Objective documentation concerning analgesia and functional improvements as well as adverse effects and review of possible aberrant behavior derived from the intake of Norco was not found in the documentation. Therefore, the request for Norco is not medically necessary.

PRILOSEC 20MG, #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

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

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been on chronic pain medications. However, there was no documentation concerning an increased risk for gastrointestinal of medications for this patient. Response to previous Prilosec therapy was not assessed. Therefore, the request for Prilosec is not medically necessary.

FEXMID 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 64.

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

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, it is unclear how long the patient has been taking Fexmid. In addition, there was no objective documentation that this medication was being given as a short-term course for the patient's problems. Previous response to Fexmid therapy was not assessed. Therefore, the request for Fexmid is not medically necessary.

LYRICA 100MG, 3-4 A DAY: 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 Antiepilepsy Drugs.

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has physical exam findings for neurological deficits confirmed with electrodiagnostic testing. However, the request for Lyrica does not indicate an amount being dispensed. Therefore, the request for Lyrica 100mg, 3-4 a day is not medically necessary.

DENDRACIN TOPICAL: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient has neuropathic pain. However, the compounded medication contains capsaicin at a non-recommended formulation. Therefore, the request for Dendracin is not medically necessary.