

<b>Case Number:</b>	CM13-0027985		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Internal Medicine and Pulmonary Diseases 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:

The patient is a 60 year old male who reported an injury on 07/19/1996. The mechanism of injury was not provided. The resulting diagnoses include low back pain with referred pain to the left leg status post laminectomy in 2004 and myofascial pain with trigger points in the low back. The patient has received epidural steroid and trigger point injections to unspecified areas and a normal EMG was performed in 2006 of the lower extremities, but otherwise the treatment history is incomplete. He is permanent and stationary and complains of significant stress, sleeplessness, and depression related to his injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription Vicodin 7.5/300mg, #120:** 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 Opioids Page(s): 74-75, 95.

**Decision rationale:** The California MTUS Guidelines have certain criteria for the long term management of opioids. These include frequent urine drug screens and addressing the 4 A's on each clinic visit. The four A's are analgesia, adverse side effects, activities of daily living, and

aberrant behaviors. The reported pain relief should be documented using a VAS scale as well as discussion regarding the least amount of pain experienced over the period since last assessment; an average pain level; the intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Changes in functional improvement should also be noted. The most recent clinical note reported that the use of this medication allowed the patient to have improved sleep and increase performance of daily chores, however, it did not report any pain levels, objectively using a VAS scale, or subjectively, by patient verbalization. There is also no recent urine drug screen included with the medical records. As such, the request for Vicodin 7.5/300mg #120 is non-certified.

**Prescription gabapentin 600mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** The California MTUS Guidelines recommend the use of Gabapentin to treat neuropathic pain. Guidelines also state that effectiveness of this medication must be determined by the objective documentation of change function and in pain levels using a VAS scale. An effective response is noted to be at least a 30% reduction in pain levels; if this is not achieved, it is recommended that another first line treatment be initiated. The most recent clinical notes do not address the patient's pain levels either objectively using a VAS scale or subjectively by patient vocalization. The most recent report of a pain level was in July of 2013. This note stated that the patient reported a constant level of 7/10 pain, and there is no discussion as to how his pain levels are affected by the use of his medications. Without objective documentation of medication efficacy, the medical necessity is unable to be determined. Therefore, the request for Gabapentin 600mg #90 is non-certified.

**Prescription Prilosec 20mg, #60: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of NSAIDs to treat moderate to severe pain. Guidelines also recommend that these medications be used at the lowest dose of effectiveness and for the shortest period of time. Evidence shows that NSAIDs were no more effective at treating low back pain than any other drugs such as acetaminophen. Guidelines also state that the 550mg dose should be taken twice daily with a maximum dose of 1100mg. There is no indication in the request or in the clinical notes as to how long the patient has been utilizing this NSAID, how it affects his pain, why it is being utilized in place of acetaminophen,

or its intended frequency. Without this information, the medical necessity is unable to be determined. As such, the request for naproxen sodium 550mg #60 is non-certified

**Dendracin lotion 120ml:** 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 California MTUS Guidelines recommend the use of topical analgesics for neuropathic and osteoarthritic pain after a trial of antidepressants and antiepileptics have been determined to be ineffective. Dendracin lotion is a compounded cream of methyl salicylate (NSAID), menthol, and benzocaine. Guidelines state that the only topical NSAID recommended for use is diclofenac. Therefore, since methyl salicylate is not recommended, the entire compounded cream is not recommended. As such, the request for Dendracin lotion 120mL is non-certified.

**Medrox patch #20:** 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:** California MTUS Guidelines recommend topical analgesics to treat neuropathic and osteoarthritic pain if a trial course of antidepressants and antiepileptics have proven to be ineffective. Medrox is a combination of capsaicin, menthol, and methyl salicylate (NSAID). Guidelines recommend capsaicin in a 0.025% formulation as greater concentrations have not proven more effective. Medrox has a formulation of 0.0375% and is therefore not recommended. As such, the request for Medrox Patch #20 is non-certified.

**TENS unit pad replacement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical

documentation failed to indicate the patient's objective functional benefit with the use of the TENS unit. As such, the need for TENS therapy is not medically necessary.

**Acetadryl 25/500mg, #50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 12. Decision based on Non-MTUS Citation Acetadryl Drug Package insert: <http://www.drugs.com/search.php?searchterm=diphenhydramine>

**Decision rationale:** California MTUS guidelines state that both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. Per the online drug insert, Acetadryl contains Acetaminophen 500 mg and Diphenhydramine HCL 25 mg and indicates it should not be used with any other drug containing acetaminophen. Per Drugs.com, Diphenhydramine is an antihistamine that reduces the effects of natural chemical histamine in the body. There is a lack of documentation indicating the rationale for usage. The request would not be supported due to this fact and that the medication is not to be taken with another medication containing acetaminophen. Given the above, the request for Acetadryl 25/500mg, #50 is not medically necessary.

**Prescription for naproxen sodium 550mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines recommend the use of NSAIDs to treat moderate to severe pain. Guidelines also recommend that these medications be used at the lowest dose of effectiveness and for the shortest period of time. Evidence shows that NSAIDs were no more effective at treating low back pain than any other drugs such as acetaminophen. Guidelines also state that the 550mg dose should be taken twice daily with a maximum dose of 1100mg. There is no indication in the request or in the clinical notes as to how long the patient has been utilizing this NSAID, how it affects his pain, why it is being utilized in place of acetaminophen, or its intended frequency. Without this information, the medical necessity is unable to be determined. As such, the request for naproxen sodium 550mg #60 is non-certified.