

Case Number:	CM13-0033106		
Date Assigned:	12/06/2013	Date of Injury:	02/17/2004
Decision Date:	04/09/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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:

This is a 45-year-old female with a 2/17/04 industrial injury claim. She has been diagnosed with lumbar post-laminectomy syndrome; s/p L4/5 and L5/S1 posterior lumbar interbody fusion (PLIF) on 8/24/04 and hardware removal on 6/14/05; L3/4 PLIF with revision of prior fusion on 8/24/10; right lower extremity (RLE) radiculopathy; reaction depression/anxiety; spinal cord stimulation (SCS) placement on 3/2/06 and subsequent removal. According to the 9/5/13 report from [REDACTED], the patient presents with lower back pain that radiates down both lower extremities. [REDACTED] lists the medications as: Norco 10/325mg 8/day; OxyContin 40mg, 3/day; Protonix 40mg; bid; Pherntermin 1/day; Xanax 0.5mg bid; Risperdal 2mg qd; Prozac 1/day; Maxalt prn; Hydroxycine 25mg; Zanaflex 4mg bid; Lyrica 50mg bid; Dendracin topical. The discontinued medications included Duragesic, Topamax and Prilosec. On 9/23/13 utilization review modified or denied, use of Oxycontin, Norco, Zanaflex, Protonix and Dendracin topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #55: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: OxyContin Boxed Label.

Decision rationale: According to the 9/5/13 report from [REDACTED], the patient presents with lower back pain that radiates down both lower extremities. The physician reports managing the patient's pain with Norco and OxyContin 40mg, 3/day. Utilization review (UR) recommended modification of the OxyContin prescription. As for OxyContin, the guidelines indicate that it should not be used more frequently than 12-hours. The labeled indications for OxyContin state: "There are no well-controlled clinical studies evaluating the safety and efficacy with dosing more frequently than every 12 hours." The manufacturer states OxyContin should be at 12 hours apart and to manage inadequate analgesia by supplementation with immediate-release oxycodone. The request as written for OxyContin 3x/day is not in accordance with MTUS or the labeled instructions. Therefore, the request is not certified.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, long-term assessment Page(s): s 88-89.

Decision rationale: The patient presents with chronic back and leg pain. The 8/8/13 report states the patient has been stable on OxyContin and Norco for 2 years. The MTUS guidelines for Long-term users of opioids 6-months or more, applies. The MTUS states "strategy for maintenance: (a) Do not attempt to lower the dose if it is working." There is no indication the patient has failed Norco. The request for continued use appears to be in accordance with MTUS guidelines. Therefore, the request is certified.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 66.

Decision rationale: According to the 9/5/13 report from [REDACTED], the patient presents with lower back pain that radiates down both lower extremities. The MTUS guidelines states Zanaflex is Food and Drug Administration (FDA) approved for spasticity and unlabeled use for low back pain. The MTUS notes side effects including hepatotoxicity and recommends checking liver function at baseline, 1, 3 and 6-months out. The 8/8/13 report states the comprehensive metabolic panel (CMP) blood test was collected on 7/7/13 and did show aspartate aminotransferase (AST) at 32 and Alanine transaminase (ALT) at 32, which is very slightly above the normal range that is below 30. However, there is no discussion of efficacy of Zanaflex

on the reports. The MTUS guidelines state the aminotransaminase elevations are usually asymptomatic and reversible with discontinuation. Continued use of Zanaflex does not appear to be in accordance with MTUS guidelines. Therefore, the request is not certified

Protonix 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): s 68-69.

Decision rationale: According to the 9/5/13 report from [REDACTED], the patient presents with lower back pain that radiates down both lower extremities. The patient was reported to have discontinued Prilosec, but is now on Protonix. There are no obvious risk factors for gastrointestinal (GI) events, and the patient is not reported to be using any nonsteroidal anti-inflammatory drugs (NSAIDs). There does not appear to be any current gastroesophageal reflux disease (GERD) symptoms or recent reporting on GERD. The physician states there is occasional GI discomfort, without providing any details. The physician has not discussed any of the MTUS GI risk factors that would support the use of Protonix. The request is not in accordance with MTUS guidelines. Therefore, the request is not certified.

Dendracin topical analgesic cream: Overturned

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

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

Decision rationale: According to the 9/5/13 report from [REDACTED], the patient presents with lower back pain that radiates down both lower extremities. Dendracin is methyl salicylate, benzocaine and menthol and Dendracin Neurodendraxin is capsaicin, menthol and methyl salicylate. The MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines has support for methyl salicylate and menthol under the "salicylate topical section.". The MTUS guidelines do not specifically discuss benzocaine topical, so this would fall under the "topical analgesic" section. The guidelines state topical Final Determination Letter for IMR Case Number [REDACTED] analgesics are: "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The records show the patient has tried Lyrica, Topamax, and various antidepressants. The patient appears to have met the MTUS criteria for use of Dendracin topical. Furthermore, the physician states the medications help and allow her to function on a daily basis. The reporting on efficacy is vague, and does not specifically state that the Dendracin topical was helpful or not. As there seems to be more evidence that it has helped, than evidence that it is not effective; and the MTUS criteria for topical analgesics had been met.