

<b>Case Number:</b>	CM13-0034901		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on 06/20/2005 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 10/18/2013, the injured worker complained of persistent low back pain with numbness and tingling to the left side. Previous treatments included epidural injections, physical therapy, and prescribed medications. It was annotated that the injured worker was requesting an epidural injection due to good pain relief and referral to physiatrist for facet injections. The physical examination revealed tenderness along the lumbar paraspinal muscles bilaterally with muscle spasms and muscle stiffness. Lumbar flexion was to be at 30 degrees and extension 20 degrees. Lateral tilting was 10 degrees bilaterally. The diagnoses included chronic right low back pain with referred pain into the right posterior and lateral thigh due to chronic lumbar paraspinal muscle strain as well as trigger points and myofascial pain at the right lumbar extensors as well as possible underlying right L5 and right S1 radiculopathy as well as underlying L5-S1 facet arthropathy and left ankle and left leg pain due to soft tissue injury to the ankle dorsiflexors and ankle evertors with underlying left superficial peroneal neuropathy. The treatment plan included a request for physiatrist for possible facet injections with facet hypertrophy at L5-S1 and persistent back pain. A request for Norco 10/325 mg #120 for moderate to severe pain; Soma 350 mg #30 for muscle spasms; Ambien 10 mg #15 for insomnia; and Trazodone 50 mg #60 for insomnia, Terocin patches #20 for topical relief 1 patch 12 hours on and 12 hours off, and Topamax 50 mg #60 for neuropathic pain and LidoPro lotion 4 oz to apply in small amounts 2 to 3 times daily as needed. The request for authorization for Dendracin lotion 120 ml qty 1; Norco 10/325 mg qty 120; Soma 350 mg qty 30; Ambien 10 mg qty 15; Topamax 50 mg qty 60 was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prospective/Retrospective Dendracin Lotion 120 ML QTY 1: 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): 111-112.

**Decision rationale:** The request for Dendracin lotion 120 ml qty 1 is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Dendracin lotion contains Methyl Salicylate, Benzocaine and Menthol. The guidelines do not address topical menthol. In the clinical notes provided for review, there is a lack of documentation of the efficacy of the use of Dendracin lotion and the area of which it has been applied. There is also a lack of documentation of the injured worker's pain level status with the use of prescribed medications. Furthermore, Dendracin lotion contains Menthol which is not indicated in the guidelines. Therefore, the use for Dendracin lotion 120 ml qty 1 is non-certified.

### **Prospective Norco 10/325 MG QTY 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids, specific drug list Page(s): 80, 91.

**Decision rationale:** The request for Norco 10/325 mg qty 120 is non-certified. The California MTUS Guidelines state that opioids for chronic back pain appears to be efficacious but noted for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Norco is indicated for moderate to moderately severe pain. The analgesic dose for Norco is 5/500 mg 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain (max 8 tablets per day). In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications. It is also documented that the injured worker has been on Norco since at least 03/2013. As such, the guidelines do not recommend the use of opioids for greater than 16 weeks. Therefore, the request for Norco 10/325 mg qty 120 is non-certified.

### **Prospective/Retrospective Soma 350 MG QTY 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

**Decision rationale:** The request for Soma 350 mg qty 30 is non-certified. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the efficacy of prescribed medications. Furthermore, the guidelines do not recommend the use of Soma. Therefore, the request for Soma 350 mg qty 30 is non-certified.

**Prospective/Retrospective Ambien 10 MG QTY 15:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

**Decision rationale:** The request for Ambien 10 mg qty 15 is non-certified. The Official Disability Guidelines state that treatment for insomnia is recommended based on the etiology, with the medications recommended. Ambien is recommended as a first line medication for insomnia. Ambien is a benzodiazepines receptor agonist which works with type 1 benzodiazepine receptors in the central nervous system. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7 to 10 days). In the clinical notes provided for review, it is indicated that the injured worker has been on Ambien since 03/2013. However, there is a lack of documentation of the injured worker's efficacy with the prescribed medication. There is also a lack of documentation of the injured workers length of sleep and quality. Furthermore, the guidelines recommend a short-term use of Ambien. Therefore, the request for Ambien 10 mg qty 15 is non-certified.

**Prospective/Retrospective Topamax 50 MG QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED'S Page(s): 18-20.

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

**Decision rationale:** The request for Topamax 50 mg qty 60 is non-certified. The California MTUS Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. There is

a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for the use of neuropathic pain when other anticonvulsants fail. In the clinical notes provided for review, there is a lack of documentation of the injured worker's efficacy on the prescribed medication of Topamax. There is also lack of documentation within the physical examination to include neurological and functional status. Furthermore, the request lacks the frequency of which it is to be taken. Therefore, the request for Topamax 50 mg qty 60 is non-certified.