

Case Number:	CM13-0037935		
Date Assigned:	12/18/2013	Date of Injury:	10/05/2004
Decision Date:	02/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in Texas. 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 37-year-old male who reported an injury on 10/05/04 and the mechanism of injury was not provided. The patient was noted to be stable on the medical regimen including Norco, Prilosec, Colace, and Dendracin topical analgesic cream which was noted to be beneficial. The request was made for medication refills. The patient's diagnosis was noted to be intervertebral disc disorder in the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: MTUS guidelines recommend proton-pump inhibitors (PPIs) for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. In this case, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, the documentation failed to provide that the patient had signs and symptoms of dyspepsia. Thus, there was lack of documentation indicating the medical

necessity for Prilosec 20mg. The request for Prilosec 20mg #60 is not medically necessary and appropriate.

Colace 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: MTUS guidelines indicate that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. In this patient's case, the clinical documentation submitted for review indicated the patient was on opioid therapy; however, it failed to provide the efficacy of the requested medication. Moreover, there was lack of documentation indicating the medical necessity for 100 tablets of Colace. Given the lack of documentation, the request for Colace 100mg #100 is not medically necessary. The request for Colace 100mg #100 is not medically necessary and appropriate.

Dendracin topical analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,105. Decision based on Non-MTUS Citation prescribing manufacturer's drug insert for Dendracin, which is not part of the MTUS

Decision rationale: MTUS guidelines indicate that topical salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also indicate that this is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Moreover, the manufacturer's prescribing insert for Dendracin indicates that it includes methyl salicylate, benzocaine and menthol and it is used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. In this patient's case, the clinical documentation submitted for review failed to document that the patient had neuropathic pain and had tried and failed antidepressants and anticonvulsants. Additionally, there was a lack of documentation submitted in regards to the quantity requested. Given the above, the request for Dendracin topical analgesic cream is not medically necessary. The request for Dendracin topical analgesic cream is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: MTUS guidelines recommend short-acting opioids such as Norco for controlling chronic pain and for ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. In this patient's case, the clinical documentation submitted for review indicated the medication allowed the patient to be stable, however there was a lack of documentation of the "4 A's" to support ongoing usage. Given the above, the request for Norco 10/325 mg #180 is not medically necessary. The request for Norco 10/325mg #180 is not medically necessary and appropriate.