

Case Number:	CM13-0040981		
Date Assigned:	04/25/2014	Date of Injury:	09/10/2009
Decision Date:	06/16/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/10/2013

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 and 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 patient is a 57 year old female with an unknown mechanism of injury that occurred on 09/10/2009. Prior treatment history has included interlaminar steroid injection at L5-S1 on 11/30/2012 with 25% pain relief. The patient's medications include Prilosec, Dendracin lotion, Flexeril, Norco, Mirtazapine, and Terocin patch. Diagnostic studies reviewed include MRI of the lumbar spine on 06/07/2013 demonstrates a broad-based posterior and right foraminal herniation of L4-L5 disc, causing mild narrowing of the central canal and neural foramina, bilaterally (right more than left). Herniation measures approximately 6 mm in size. There is a diffuse bulge with bilateral foraminal components of L3-L4 disc, causing mild narrowing of the central canal and neural foramina, bilaterally. The bulge measures approximately 3 mm in size. The progress note dated 10/29/2013 documents the patient to have complaints of persistent neck and low back pain. The patient has muscle spasm, muscle stiffness, and tightness. The pain radiates down her legs, right, and left side with intermittent numbness and tingling. The patient has a great deal of anxiety with depression as well as difficulty with sleeping. Objective findings on exam reveal tenderness along cervical spine and muscle. The cervical flexion to 30 degrees, extension is less than 20 degrees; lateral tilting is less than 20 degrees bilaterally. The patient has tenderness along the cervical and paraspinal muscles. She has lumbar spine flexion of 40 degrees, extension to no more than 10 degrees and has pain with facet loading bilaterally. She walks with the use of a cane and she has a slightly antalgic gait. The patient is diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome, right greater than left. The progress note dated 09/24/2013 subjective and objective findings are essentially the same as exam note dated 10/29/2013. The treatment and plan includes a referral to a pain specialist for possible injection. There is a request for prescription medication for Norco 10/325, Medrox patch #10, Dendracin lotion 120 ml, Protonix 20 mg, Mirtazapine 15 mg, and Flexeril 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FLEXRIL) #60: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Cyclobenzaprine "Flexeril" is recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The medical records document the patient was diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome. The patient was on Flexeril since 4/4/2013, also the patient is on Norco since 1/14/2013. In the absence of documented significant improvement of pain and function, and as this medication is indicated for short term duration and it is not recommended to use with other agents that has CNS depressant effect such as opioids, the request is not medically necessary according to the guidelines.

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): 111-112.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin lotion contain methyl salicylate "NSAIDs" which is recommended for short time (4-12 weeks) in cases of osteoarthritis, but is not recommended in neuropathic pain as there is no evidence to support use. The medical records document the patient was diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome. The patient was on Dendracin lotion since 1/14/2013. In the absence of documented significant improvement of pain and function, and as this medication contains one compound that is not recommended for neuropathic pain, according to the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary.

PANTOPRAZOLE 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, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, PPIs "Pantoprazole" is recommended for patients who are at an intermediate risk for GI events. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The medical records document the patient was diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome. The patient was on PPIs since 1/14/2013. In the absence of documented history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs, the request is not medically necessary according to the guidelines.

MEDROX PATCHES #10: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox patch contain methyl salicylate "NSAIDs" which is recommended for short time (4-12 weeks) in cases of osteoarthritis, but is not recommended in neuropathic pain as there is no evidence to support use, and Capsaicin which is recommended only as an option in patients who have not responded or intolerant to other treatments. The medical records document the patient was diagnosed with chronic low back pain with radiculopathy, and bilateral carpal tunnel syndrome. In the absence of documented failure response or intolerance to treatment, and as this medication contains one compound that is not recommended for neuropathic pain, according to the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary.