

<b>Case Number:</b>	CM13-0041675		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family Practice 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 46-year-old female who reported an injury on 10/21/2002. The mechanism of injury was not provided. The patient was noted to be in the office for a refill of pain medications. The patient's diagnoses were noted to include impingement syndrome of the left shoulder with AC joint inflammation with loss of motion, cervical sprain with x-rays showing foraminal narrowing to the left at midline at C6-7. The request was made both for current and prospective prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 and the Norco 10/325mg #90 dispensed on 9/11/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, and Ongoing Management Page(s): 75,78.

**Decision rationale:** California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. 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. The clinical documentation submitted for review indicated the patient had constant

daily pain in the neck and left arm. The patient was noted to be 10/10 without medications and 9/10 with Norco. There was lack of documentation including documentation of the "4 A's." Given the above, the request for Norco is not medically necessary.

**Flexeril 7.5mg #60 and the Flexeril dispensed on 9/11/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

**Decision rationale:** California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The clinical documentation submitted for review indicated the patient admitted to having spasms, numbness and tingling in the neck and left upper extremity, and left thumb. However, there was lack of documentation of spasm per the objective examination. Additionally, there was lack of documentation indicating the patient had a necessity for long-term use. Given the above, the request for Flexeril 7.5mg #60 is not medically necessary.

**Prilosec 20mg #60 and the Prilosec dispensed on 9/11/13: 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 Page(s): 69.

**Decision rationale:** California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient has signs and symptoms of dyspepsia. Additionally, there was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Prilosec 20mg #60 is not medically necessary.

**Acetadryl #50 and the Acetadryl dispensed on 9/11/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound Drugs, as well as information on [www.healthcentral.com](http://www.healthcentral.com).

**Decision rationale:** California MTUS Guidelines address acetaminophen and recommend it for the treatment of chronic pain and acute exacerbations of chronic pain. However, as the medication also includes diphenhydramine, additional guidelines were sought. Official Disability Guidelines indicate the criteria for compound drugs include that there should be at least 1 drug substance that is a sole active ingredient in an FDA-approved prescription drug not including over-the-counter drugs. It is not recommended as a first-line therapy for most patients, but recommended as an option after trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in Official Disability Guidelines. Per Healthcentral.com, Acetadryl is a combination medication which includes acetaminophen and diphenhydramine. Diphenhydramine is not addressed in Official Disability Guidelines. Diphenhydramine per Healthcentral.com is an antihistamine product used to cause drowsiness and can be used as a night time sleep aid. The clinical documentation submitted for review failed to provide the rationale for the compound medication. Additionally, there is a lack of documentation of the efficacy of the requested medication. Given the above, the request for Acetadryl #50 is not medically necessary.

**Dendracin lotion 120mL and the Dendracin lotion dispensed on 9/11/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesics Page(s): 105, 111-113.

**Decision rationale:** California MTUS indicates that topical salicylates are recommended and 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. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to indicate the patient had a trial of an antidepressant and anticonvulsant that had failed. Given the above, the request for Dendracin lotion 120ml is not medically necessary.