

Case Number:	CM13-0041704		
Date Assigned:	12/20/2013	Date of Injury:	12/14/2011
Decision Date:	06/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 34 year old female who was injured in 12/14/2011. The mechanism of injury is unknown. Prior treatment history has included Tramadol 50 mg, Naprosyn 550 mg, Dendracin lotion, Soma 350 mg, Zofran 4 mg, Celebrex 100 mg. The patient underwent lumbar epidural injection on 04/21/2013. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 05/29/2013 reveals a 3 mm broad-based disc protrusion at L4-L5 level with moderate central spinal canal stenosis best appreciated on axial image. PR2 dated 07/25/2013 indicates the patient to have complaints of low back pain and left lower extremity with increased numbness in the left leg. There is spasm affected the right foot. She admits to numbness and tingling and there is pain in the right buttock. The pain is aggravated when she is upright, walking, standing and sitting for a prolonged period of time. On examination of the lumbar spine, there is moderate lateral lumbar paraspinal tenderness with palpable muscle spasm; lumbar flexion to 50 degrees with pain; extension to 10 degrees and right and lateral bend to 10 degrees. The lower extremity show positive straight leg raise left at 30 degrees and right at 45 degrees; Muscle testing reveals anterior tibialis left 4/5 and right is 5/5; Peroneus longus brevis left 4/5 and right 5/5; Extensor hallucis longus left 4/5 and right 5/5. Sensory exam reveals hyperesthesia in the left L5 dermatome. Reflex testing patellar reflex is 0-1+ and symmetrical bilaterally; Achilles reflex is 1+ on trace on the left. The patient is diagnosed with lumbar spine sprain/strain with left lower extremity radicular symptoms in the left L5 dermatome. There is a request for authorization for the patient to be on a trial of Butrans 5 mg patches, Dendracin lotion, Soma 350 mg, and Celebrex 100 mg. The patient is instructed to discontinue Naprosyn and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION 120 ML #1 BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the CA MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The agents are applied locally to painful areas with an advantage that includes lack of systemic side effects, absence of drug interaction and no need to titrate. 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. The medical record documents the patient was diagnosed with lumbar spine strain/sprain with left lower extremity radicular symptoms in the left L5 dermatome. In the absence of documented improvement in pain and function and absence of trial of other first line treatments such as anticonvulsants or antidepressants; further Dendracin contain methyl salicylate which is NSAIDs and these medications are not recommended as there is no evidence to support use, Therefore, based on guidelines and a review of the documents the request for Dendracin Lotion is not medically necessary.

SOMA 350 MG 1TO 2 PER DAY PRN FOR MUSCLE SPASM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SOMA), Soprodal 350 Vanadom Generic Available Page 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SOMA), Soprodal 350 Vanadom Generic Available Page(s): 29,65.

Decision rationale: According to the CA MTUS Guidelines, Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. Medical records document the patient is diagnosed with lumbar spine sprain/strain with left lower extremity radicular symptoms in the left L5 dermatome. Medical record shows that the patient was on Soma for more than 3 weeks accordingly as the guidelines do not recommend longer use of this medication. Withdrawal symptoms may occur with abrupt discontinuation, therefore weaning is recommended. Therefore, based on guidelines and a review of the evidence, the request for Soma is not medically necessary.