

Case Number:	CM13-0043543		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2009
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Interventional Spine 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 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 64-year-old female with date of injury on 06/01/2009. The progress report dated 09/23/2013 by [REDACTED] indicates that the patient's diagnoses include: bilateral carpal tunnel release with persistent symptomatology and some slight weakness in her grip strength, axial low back pain due to chronic lumbar strain with possible underlying L4-L5 bilateral facet joint effusion and arthropathy. The patient continues with persistent low back pain and multiple spasms. Exam findings indicate the patient had tenderness along the lumbar paraspinal muscles with pain with the facet loading. Lumbar range of motion was restricted as well. A request was made for authorization of medications including lorazepam, which was dispensed for the patient's symptoms of anxiety, and Dendracin lotion. Utilization review letter dated 10/10/2013 denied the lorazepam and Dendracin as the MTUS Guidelines do not recommend benzodiazepines for long-term use and that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg x 60 dispensed 9/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with significant back pain and muscle spasm. The treating provider has dispensed lorazepam for anxiety 1 tablet twice daily. This was noted on the 09/23/2013 visit as well as the 04/29/2013 visit. This appears to indicate that patient has been on long-term use of benzodiazepines, which is not supported by MTUS. Therefore, recommendation is for denial.

Dendracin lotion 120ml dispensed 9/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation www.drugs.com/cdi/dendracin-lotion.html

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

Decision rationale: The patient continues with back and muscle spasm and also has diagnosis of bilateral carpal tunnel symptoms. The Dendracin lotion contains methyl salicylate, benzocaine and menthol. MTUS Guidelines pages 111 through 113, regarding topical analgesics states that, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS also states regarding topical NSAIDs that they are indicated for osteoarthritis and tendonitis and particularly that of "the knee and elbow or other joints that are amenable to topical treatment," and "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder". The treating provider does not indicate where this patient applies this topical ointment. However, given the patient's primary pain complaints are of the axial spine and paraspinal muscles, it appears that the topical cream is most likely not supported by the guidelines as noted above. Therefore, recommendation is for denial.