

Case Number:	CM13-0050376		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2009
Decision Date:	04/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational Medicine 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 73-year-old male who was injured on 03/12/2009. Mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient underwent two left knee injections. The patient was placed on Dendracin new topical pain medication formulated to replace compounded products which patient did not find beneficial. The patient is prescribed Dendracin, a manufactured, FDA approved topical analgesic that is preferential to the chronic use of oral opioids, NSAIDs, ANSIADs, anti-depressant or anti-convulsants. Medications included the following as well: 1. Ultracin 2. Naprosyn 550 mg bid #60 3. Cartivisc #90, 4. Prilosec 20 mg bid #60 5. Trazadone 100 mg 1-2 hs #60 6. Norco 10/325 mg tid prn #90 Diagnostic studies reviewed include drug toxicology reports dated 02/04/2013 and 06/04/2013 with the following medications detected: hydrocodone, hydromorphone, acetaminophen, Tramadol and desmethytramadol. Pain management progress noted dated 07/26/2013 documented the patient with complaints of constant pain in the left knee on and off radiating to the left hip, status post work injury. He also has left-sided low back pain, status post work injury. The patient is complaining of left knee pain which the patient rated 4 to 9 out of 10 on a pain scale. The patient's left knee pain radiates up to the left side of face and lower back. The patient's lower back pain is 3 out of 8 on a pain scale. The patient described his left knee pain as sharp, throbbing, stabbing pain. Pain is aggravated by walking and lifting. Somewhat improves with sitting down and Norco. The patient has muscle spasm behind left knee. The patient absolutely cannot perform lifting over 25 pounds and prolonged walking. Back pain is aggravated with prolonged standing. The patient cannot sit, stand or drive in one position. The patient frequently changes position to get comfortable. The patient's pain is limiting work, home, social, recreational and outdoor activities. The patient's pain is affecting sleep. Pain is causing emotional, financial, marital and work disturbances. The patient remains on Naprosyn 550 mg

bid #60, Cartivisc #90, Prilosec 20 mg bid #60, Trazadone 100 mg 2 tabs hs #60, Norco 10/325 mg tid #90 and Ultracin. He was allowed one future refill since next appointment is after eight weeks. The patient also was made aware that these medications cannot be discontinued abruptly or without professional guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ULTACIN CREAM FOR 2 MONTHS SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Ultracin (methyl salicylate, menthol, capsaicin) lotion
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-95e2-42f5-b671-00029bb5da95>.

Decision rationale: According to the cited references, Ultracin is a topical lotion that contains methyl salicylate, menthol, and capsaicin. The CA MTUS guidelines state capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments, which is not established in this case. Review of the medical records document the patient's treatment has continued to include various oral medications, injections and physical methods. Failure or intolerance to other treatments is not demonstrated. The medical necessity of this topical product is not established. Ultracin lotion is non-certified.

RETROSPECTIVE NORCO 10/325 TID #90: Upheld

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

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

Decision rationale: The patient is taking opioids long-term for chronic pain. The medical records do not clearly document pain levels with and without medications or use of a pain diary by the patient to catalog medication use. The pain management progress report dated 7/26/2013 documented pain was somewhat improved with sitting down and Norco. The guidelines state continuation of opioids is recommended if the patient has returned to work and if patient has improved functioning and pain. The medical records do not demonstrate either return to work or clinically significant improvement in function and pain with opioid use. Furthermore, the urine drug screen performed on 6/04/2013 was positive for hydrocodone, hydromorphone, acetaminophen, Tramadol and desmethytramadol. It is not documented that hydromorphone was prescribed. Aberrant behavior is of concern. Medical necessity has not been established. Norco is non-certified.

