

Case Number:	CM13-0056346		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2004
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Oklahoma. 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 54 year old male who was injured on 09/02/2004. He took a second pull on a wrench and missed causing him to fall back on his buttocks. Prior treatment history has included Baclofen, Gabapentin, Naproxen Sodium, Omeprazole, clonazepam, Dendracin Lotion, and Lunesta. Pain Management note dated 10/10/2013 indicated the patient is in for a follow-up. He has complaints of decreased mid back pain, low back pain, right hip pain, and right knee pain. On examination of the spine, the lumbar spine revealed a surgical scar. Range of motion is restricted with extension, lateral rotation to the left and lateral rotation to the right. On palpation, paravertebral muscles, tight muscle band is noted on both sides; lumbar facet loading is positive on both sides; straight leg raise test is positive on the left side. All lower extremity reflexes are equal and symmetric. There is tenderness over the sacroiliac spine. On examination of the left hip, there is tenderness noted over the trochanter. There are multiple trigger points over iliotibial band Ober's (with the patient in the lateral decubitus position and the knee flexed to 90 degrees with slight abduction of the femur with hip extension to its limits-with the pelvis stabilized) was positive. The right knee range of motion is restricted with flexion limited to 60 Final Determination Letter for IMR Case Number CM13-0056346 3 degrees limited by pain. There is tenderness to palpation noted over the lateral joint line and medial joint line. There is negative anterior drawer, 1A Lachman test and negative pivot shift test. There is no joint effusion noted. The patient is diagnosed with 1) Post-laminectomy syndrome, lumbar; 2) bilateral knee; 3) osteoarthritis; 4) trochanteric bursitis; and 5) myofascial pain syndrome. The patient is recommended a knee joint injection, right with Supartz times 5. He is instructed to continue previously prescribed medications. The patient was warned not to operate a motor vehicle or heavy machinery if tired or mentally foggy secondary to medications. The patient was advised to see PCP for non-pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 90 Baclofen 10mg (10/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: According to the guidelines, Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen (Lioresal®), generic available): It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Pain Management note dated 10/10/2013 indicated the patient was in for a follow-up. He reported complaints of decreased mid back pain, low back pain, right hip pain, and right knee pain. The patient is diagnosed with 1) Post-laminectomy syndrome, lumbar; 2) bilateral knee; 3) osteoarthritis; 4) trochanteric bursitis; and 5) myofascial pain syndrome. The medical records do not demonstrate this patient has a condition for which Baclofen is medically indicated to treat. In the absence of spasticity as seen in conditions such as CP, MS and spinal cord injuries, the medical necessity of Baclofen is not established under the guidelines. The retrospective request of Baclofen is non-certified.

Retrospective Dendracin 120ml (10/10/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation salicylate/benzocaine/menthol and <http://www.drugs.com/cdi/dendracin-lotion.html>

Decision rationale: According to the literature, Dendracin lotion is a compound topical containing methyl salicylate, benzocaine, and menthol. According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) the product is significantly better than placebo in chronic pain. The medical records do not demonstrate failure or exhaustion of standard interventions, such as oral medications, ice/heat, activity modification, and physical methods. The guidelines do not document recommendation for benzocaine. In addition, the medical records do not demonstrate a trial of this product had led to clinically significant reduction in pain and medication use and improved

function. The medical records do not establish medical necessity for this topical compound, consequently Dendracin is retrospectively non-certified.

Retrospective 60 Omeprazole 20mg (10/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the CA MTUS guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The patient presented with complaints of decreased mid back pain, low back pain, right hip pain, and right knee pain. The patient is diagnosed with 1) Post-laminectomy syndrome, lumbar; 2) bilateral knee; 3) osteoarthritis; 4) trochanteric bursitis; and 5) myofascial pain syndrome. In the absence of documented duration of NSAID, any history of GI bleeding concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, the request is not medically necessary according to the guidelines. The retrospective request of Omeprazole is not certified.