

<b>Case Number:</b>	CM13-0056630		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is an 84 year old female presenting with low back pain, knee pain, right thumb pain and generalized body pain following work related injury from 3/12/91-04/26/01. The claimant complained pain in the right thumb and low back. The claimant reported some improvement with her medication. The physical exam was significant for antalgic gait with a cane, tenderness over the basilar joint and positive grind test. The claimant was diagnosed with lumbar radiculopathy, Fibromyalgia syndrome, right basilar arthrosis and Baker's cyst, left knee. The claimant was prescribed Voltaren gel, Zantac, Dendracin lotion, and Flector Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** Zantac is not medically necessary. MTUS guidelines recommend the use of proton pump inhibitors and H2 Blockers for individuals older than 65 years of age with a history of peptic ulcer, GI bleeding or perforation with use of concurrent ASA, corticosteroids or anti-

inflammatory or high dose multiple doses of NSAIDs. The claimant is on topical anti-inflammatories which bypass the liver and decreases the risk of peptic ulcers. Additionally, CA MTUS does not make a direct statement on proton pump inhibitors (PPI) or H2 Blockers but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Zantac is therefore, not medically necessary.

**Dendracin lotion with two refills:** Upheld

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

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

**Decision rationale:** Dendracin Lotion is not medically necessary. Dendracin Lotion is a compounded cream containing menthol, salicylate, and Lidocaine. According to California MTUS, 2009, chronic pain, California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Topicals are not recommended for non-neuropathic pain. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lumbar radiculitis, Fibromyalgia, right basilar arthrosis and Baker's cyst which are non-neuropathic pain syndrome. Per CA MTUS topical analgesics such as Lidocaine is not recommended for non-neuropathic pain.