

Case Number:	CM13-0058767		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2011
Decision Date:	08/14/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 s

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 sustained a work-related injury on 03/09/11. She bent over while sitting to open a safe and felt sharp low back pain. The treatments have included physical therapy, acupuncture, use of a back brace, psychological treatments, and medications. Facet injections have been requested and are pending. Testing has included an MRI of the lumbar spine in January 2013 showing multilevel disc desiccation with an L5-S1 disc herniation with foraminal and canal narrowing. An EMG/NCS testing of the lower extremities in June 2012 was normal. A lumbar discectomy has been considered. She has been continued at temporary total disability. She was seen by the requesting provider on 10/30/13. Medications were Tramadol ER. The physical examination findings are limited. There are no physical examination findings related to the lumbar spine. On 11/13/13 she had gone to an Emergency Room due to severe lower lumbar pain the week before. She was having ongoing constant moderate to moderately-severe pain in the lower lumbar spine with limited range of motion. She was spending a great deal of time lying down. Pain was radiating into the lower extremities into her feet and she was having numbness, tingling, and paresthesias. She had generalized lower extremity weakness. The physical examination findings included spinous process and paraspinal muscle tenderness with guarded movements. Spinal range of motion was decreased. There was decreased lower extremity sensation and generalized lower extremity weakness. Straight leg raising was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 PROVIDED ON 10/30/2013: 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): 80.

Decision rationale: The claimant is more than 3 years status post work-related injury as described above and continues to be treated for chronic pain related to an L5-S1 disc herniation. She has bilateral radicular symptoms and physical examination findings consistent with radiculopathy as well as low back pain. In terms of Norco, it is a short acting combination opioid typically used for breakthrough pain. It can be recommended for the treatment of chronic low back pain and, although not as first line therapy, for neuropathic pain including chronic lumbar nerve root pain. The criteria for the continuation of opioid medication include returned to work or improved functioning and pain. In this case, the claimant's pain is continuous and would therefore not likely be well-treated using a short acting opioid. The claimant has not returned to work and continues to have moderate to severe pain and therefore continuing to prescribe Norco was not medically necessary.

DENDRACIN LOTION 120ML PROVIDED ON 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs); (2) Medications for chronic pain; (3) Topical Analgesics Page(s): 18-19; 60; 111-113.

Decision rationale: The claimant is more than 3 years status post work-related injury as described above and continues to be treated for chronic pain related to an L5-S1 disc herniation. She has bilateral radicular symptoms and physical examination findings consistent with radiculopathy as well as low back pain with muscle spasms and tenderness. Dendracin is a combination of methyl salicylate, benzocaine, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Bengay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. The MTUS addresses the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. The other component, benzocaine is a topical anesthetic. Topical anesthetics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepileptic medication such as gabapentin or Lyrica. In this case, an adequate trial of gabapentin is not documented. The MTUS addresses the use of gabapentin recommending dose titrations of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Since the claimant has not had an adequate trial of gabapentin, the Dendracin is not medically necessary because any compounded product that contains at least one

drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Medrox is also being requested which would be duplicative. The guidelines also recommend that when prescribing medications only one medication should be given at a time. As such, the request is not medically necessary.

MEDROX 120ML PROVIDED ON 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is more than 3 years status post work-related injury as described above and continues to be treated for chronic pain related to an L5-S1 disc herniation. She has bilateral radicular symptoms and physical examination findings consistent with radiculopathy as well as low back pain with muscle spasms and tenderness. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Bengay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. The MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, Dendracin is also being requested which would be duplicative. The guidelines recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medrox was not medically necessary.

FEXMID 1.5MG #120 PROVIDED ON 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril); (2) Muscle relaxants Page(s): 41; 63.

Decision rationale: The claimant is more than 3 years status post work-related injury as described above and continues to be treated for chronic pain related to an L5-S1 disc herniation. She has bilateral radicular symptoms and physical examination findings consistent with radiculopathy as well as low back pain with muscle spasms and tenderness. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, the claimant has chronic findings of decreased lumbar spine range of motion with

paraspinal muscle tenderness and spasm. There was no identified new injury or acute exacerbation and therefore fexmid was not medically necessary.

DIAZEPAM 10MG #120 PROVIDED ON 10/30/2013: Upheld

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

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

Decision rationale: The claimant is more than 3 years status post work-related injury as described above and continues to be treated for chronic pain related to an L5-S1 disc herniation. She has bilateral radicular symptoms and physical examination findings consistent with radiculopathy as well as low back pain with muscle spasms and tenderness. Valium (Diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety for which the claimant is also being treated. As such, the request is not medically necessary.