

Case Number:	CM13-0065857		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2004
Decision Date:	06/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 36-year-old male who was injured on 01/05/2005. The mechanism of injury is unknown. The prior treatment history has included the patient receiving intra-corticosteroid injections to both knees in the past that have been beneficial. He also received four (4) trigger point injections and reported good pain relief of greater than 50%, and an increased range of motion. The patient underwent a three (3) level fusion on 10/14/2009, with subsequent removal of hardware on 01/04/2012. The medications include OxyContin 20 mg per day and Norco 10/325 mg six (6) per day. The diagnostic studies reviewed include a lumbar spine computerized tomography (CT) myelogram dated 03/24/2005, which revealed posterior fusion with pedicle screws at the level of L3-4 and L4-5, with medial positioning of the right pedicle screw at L4-5. The progress note dated 10/21/2013, documented the patient to have complaints of ongoing pain in his lower back, which radiates down to both lower extremities. He rates his pain today on a scale of 0-10 as a 6 in intensity. The patient does suffer a diagnosis of lumbar post-laminectomy syndrome. Unfortunately, due to his ongoing and debilitating pain, the patient has been requiring escalating doses of his oral analgesic medications. The patient wants to try and get off his medications, but is having a difficult time doing so, since he suffers from significant withdrawal symptoms with anxiety, stomach cramps, increased back pain, leg cramping as well as mood swings. When the patient pushes it far enough he will get some nausea and diarrhea, and he has vomited. The patient recently received certification for a 7-day inpatient detoxification program. The patient has also been experiencing increased pain in his left knee. The patient has a diagnosis of bilateral knee internal derangement, having a right meniscal tear. The plan is to continue the present medical regimen until the inpatient detoxification is performed. Without the medications, he is unable to function at all and ends up being in bed or on the couch. The objective findings on exam revealed that the patient is alert, oriented, and in

mild distress secondary to low back pain. Lumbar spine reveals tenderness to palpation along the lumbar musculature with a significantly decreased range of motion and pain exacerbated by flexion. He also has diffuse muscle rigidity noted along the lumbar paraspinal muscles bilaterally. He has tenderness to palpation and mild soft tissue swelling noted in both knees. The pharmacological assessment & management includes: 1. OxyContin 2. Norco 3. Halcion 4. Xanax 5. Prilosec 6. Soma 7. Neurontin 8. Dendracin 9. Cialis 10. Cymbalta 11. Topamax 12. AndroGel The diagnoses include: 1. Lumbar post-laminectomy syndrome with significant chronic pain. 2. Opiate physical dependence The recommendation includes: Inpatient detoxification The treatment plan includes: 1. Norco 2. Prilosec 3. Colace 4. Dendracin topical cream 5. OxyContin 6. Halcion 7. Ten (10) additional individual cognitive behavior therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOPICAL ANALGESIC CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113. Decision based on Non-MTUS Citation FDA (TOPICAL MEDICATION SAFETY WARNING).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Dendracin has a methyl salicylate component, and is considered as topical non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Guidelines indicate that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines also indicate that NSAIDs are not recommended for neuropathic pain. The medical records do not specify the site and duration of usage, as well as the type of pain. Therefore, due to the lack of documentation on the site, duration of usage, and type of pain, Dendracin topical analgesic cream is not medically necessary according to the guidelines.

HALCION 0.25MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, INSOMNIA TREATMENT.

Decision rationale: Halcion contains triazolam, and is a benzodiazepine. The Official Disability Guidelines indicate that the Food and Drug Administration (FDA) approved Triazolam (Halcion) for sleep-onset insomnia. These medications are only recommended for short-term use due to the risk of tolerance, dependence, and adverse events. The medical records do not document the

cause and type of sleep problem the patient suffers from. Therefore, in the lack of sufficient clinical and diagnostic documentation regarding the patient's sleep problem, Halcion is not medically necessary according to the guidelines.

PRILOSEC 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, AND THE FDA (OMEPRAZOLE).

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

Decision rationale: The Chronic Pain Guidelines indicate that Prilosec is a Proton Pump Inhibitor, and would be recommended for patients at intermediate risk for gastrointestinal (GI) events. The guidelines criteria for determining the risk factors for GI events include: being over the age of 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). The medical records do not document the patient to be at risk of gastrointestinal events at this point. Therefore, Prilosec is not medically necessary according to the guidelines.