

Case Number:	CM13-0067071		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2012
Decision Date:	05/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/10/2013

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 Interventional Spine, 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:

This is a 38 year-old male who was injured on 2/23/12. The 11/18/13 report from [REDACTED] is handwritten and of poor fax quality, but appears to list the diagnoses as cervical sprain, lumbar stenosis at L5/S1, thoracic strain, stenosis at T4-5, T7-8, other levels illegible. The patient presents with dailed onctinued neck pain, low back pain, remainder illegible. There was apparently a request for Voltaren, Dendracin, Fexmid and Norco, which were denied by UR on 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-88,71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Pain Outcomes And Endpoints Page(s): 22,8-9.

Decision rationale: The 11/18/13 report from [REDACTED] is handwritten and not clearly legible. The patient appears to have neck and back pain. There does not appear to be an assessment of pain or function on the 11/18/13 report. The prior report is dated 10/9/13, and is

also handwritten, but the fax quality is better, and shows the patient complaining of nagging low back pain. There is still no assessment of pain or function or discussion of efficacy of any of the medications. I have been asked to review medications. MTUS states pain should be assessed on each visit and function should be assessed in 6 months. I have reviewed the reports from 11/18/13 through 4/5/13, including 10/9/13, 9/30/13, 8/26/13, 8/17/13, 8/14/13, 7/8/13, and 5/21/13 progress notes. None of the reports provided a pain assessment or function on a numeric scale, and none have reported efficacy of any of the medications. Voltaren has been used before 4/5/13, and on 4/5/13 the note states "D/C Voltaren" then it was prescribed again on 9/30/13, without documented functional improvement or reduction of pain or improved quality of life. This is not a satisfactory response. MTUS does not recommend continuing treatment that does not provide a satisfactory response. Voltaren is not medically necessary and appropriate.

DENDRACIN 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113,105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Pain Outcomes And Endpoints Page(s): 111-113,8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter on Biofreeze.

Decision rationale: The patient presents with neck and back pain. Records were reviewed from 4/5/13 through 11/18/13. Dendracin was prescribed on 4/5/13. None of the medical reports discuss efficacy of Dendracin or any of the medications. Dendracin is methyl salicylate, benzocaine and menthol and Dendracin Neurodendraxin is capsaicin, menthol and methyl salicylate. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Dendracin or Dendracin Neurodendraxin, both contain menthol. Menthol is not specifically discussed in MTUS or ACOEM, so ODG guidelines were consulted. ODG under Biofreeze, states the active ingredient is menthol, and it is used as cryotherapy for acute pain. This patient is not in the acute phase, and the use of menthol for chronic conditions is not in accordance with ODG guidelines. The menthol component of the Dendracin would not be recommended, therefore the whole compounded product Dendracin would not be recommended. Dendracin 1159F is not medically necessary and appropriate.

FEXMID 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

Decision rationale: The patient presents with neck and back pain. Records were reviewed from 4/5/13 through 11/18/13. Fexmid has been provided monthly since 9/30/13. MTUS specifically states that Fexmid/cyclobenzaprine is not recommended for use over 3-weeks. The continue use

of Fexmid over 2-months is not in accordance with MTUS guidelines. Fexmis 1159F is not medically necessary and appropriate.

NORCO 2.5MG 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and Pain Outcomes and Endpoints Page(s): 60-61,8-9 of 127.

Decision rationale: The patient presents with neck and back pain. Records were reviewed from 4/5/13 through 11/18/13. Norco appears to have been prescribed on 8/14/13, but the records do not document whether it helps or not. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. Norco 2.5mg 1159F is not medically necessary and appropriate.