

<b>Case Number:</b>	CM13-0068207		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 08/29/2010 when he stepped into a hole twisting his ankle, which caused him to fall backwards. The patient reportedly injured his low back, hip, and ankle. The patient's treatment history included physical therapy and multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had 8/10 pain in his cervical spine radiating into his bilateral upper extremities. The patient's medication schedule included cyclobenzaprine, Dendracin, docusate, Metamucil, Medrox cream, naproxen, omeprazole, pantoprazole, sennosides, Senokot, Topamax, Voltaren gel, and 8 glasses of water per day. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends ongoing use of opioid medications in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, the clinical documentation fails to provide a quantitative assessment of pain relief. The patient has 8/10 to 9/10 pain however; there is no documentation of how medication usage affects his pain level. Additionally, there is no documentation of functional benefit to support the efficacy of medication usage. Therefore, ongoing use would not be supported. As such, the requested Hydrocodone 10/325mg refill is not medically necessary or appropriate.

**Naproxen 550mg/Topamax 50mg/Dendracin cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), Antiepilepsy dr.

**Decision rationale:** The California Medical Treatment and Utilization Schedule do recommend the use of non-steroidal anti-inflammatory drugs and anticonvulsants as first line medications for the management of chronic pain. However, the California Medical Treatment and Utilization Schedule recommend that these types of medications be supported by functional benefit and symptom relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or documentation of functional benefit related to medication usage to support continued use. Additionally, the request as it is written does not provide a duration or frequency for this medication. Therefore, the appropriateness of naproxen 550 mg and Topamax 50 mg cannot be determined. The California Medical Treatment and Utilization Schedule do not recommend the use of Dendracin cream. The requested medication is a compounded medication that contains menthol, methyl salicylate, and capsaicin. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line medications such as anticonvulsants and antidepressants that would warrant the need for topical capsaicin. Additionally, the requested medication does not contain a duration or frequency. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Naproxen 550mg/Topamax 50mg/Dendracin cream are not medically necessary or appropriate.