

<b>Case Number:</b>	CM13-0069760		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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:

The patient is a 42 year old female with date of injury 4/3/12. The treating physician report dated 11/26/13 indicates that the patient presents with pain affecting the left elbow, and finger with paresthesia, neck pain, upper back pain and left shoulder pain. The current diagnoses are: 1. Left lateral epicondylitis 2. Cervical Strain/Sprain 3. Left shoulder pain 4. Possible left Carpal Tunnel Syndrome 5. Left ankle sprain The utilization review report dated 12/11/13 denied the request for Norco 10/325 #60, Dendracin Topical lotion 120ml #1 and Fexmed 7.5mg #60 based on the rationale that the requests were not supported in the MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST, Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON OPIOIDS, CRITERIA FOR USE, SPECIFIC DRUG LIST, AND LONG TERM ASSESSMENT Page(s): 88, 89.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine, thoracic spine, left elbow, left arm and left ankle. The current request is for Norco 10/325 #60. The hand written treating physician report dated 11/26/13 is fairly illegible. It is noted that with the usage of Norco her pain goes from a 7/10 down to a 3/10. The MTUS guidelines indicate that Norco is indicated for moderate to moderately severe pain. In reviewing the treating physician reports dated 11/26/13, 7/30/13 and 6/26/136 there is limited documentation regarding the efficacy from chronic use of Norco. MTUS pages 88, 89 states, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, no such documentation is provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only pain scale of 7/10 to 3/10 is provided. There is inadequate documentation provided to show medication efficacy. Recommendation is for denial.

**DENDRACIN TOPICAL LOTION 120ML #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, SALICYLATE TOPICALS Page(s): 111-105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine, thoracic spine, left elbow, left arm and left ankle. The current request is for Dendracin Topical lotion 120ml #1. The treating physician states in his 11/26/13 report, "Dendracin." There is no other information found to support this request. Dendracin is a compound topical analgesic made of Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol USP 10%. The MTUS guidelines support Salicylate topical, an NSAID, for peripheral joint arthritic and tendinitis type of problems only. This patient does not have a diagnosis of peripheral arthritis. Recommendation is for denial.

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, (FOR PAIN), ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine, thoracic spine, left elbow, left arm and left ankle. The current request is for Fexmid 7.5mg #60. The

treating physician states, "Fexmid 7.5." There is no other documentation to support this medication in any of the reports submitted. There is documentation that the patient previously did not respond to Flexeril and was changed to Robaxin. The MTUS guidelines support the usage of Cyclobenzaprine (Fexmid) for a short course of therapy, not longer than 2-3 weeks. The documentation provided indicates that patient previously did not respond to cyclobenzaprine prescription and the current prescription is for greater than 2-3 weeks. Recommendation is for denial.