

Case Number:	CM14-0006658		
Date Assigned:	03/03/2014	Date of Injury:	05/12/2008
Decision Date:	07/31/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 55-year-old female, who has filed a claim for lumbar intervertebral disc disorder, with myelopathy associated with an industrial injury date of May 12, 2008. A review of the progress notes indicates that the patient got 60-70% pain relief, improved sleep, increased activity level, and 50% decreased intake of pain medication with the trial of spinal cord stimulator. The findings include antalgic gait, tenderness over the lumbar region with muscle rigidity, numerous trigger points, decreased range of motion, decreased motor strength of the bilateral lower extremities, decreased reflexes in the left lower extremity, positive straight leg raise test bilaterally, and decreased sensation along bilateral posterolateral thighs and calves along the L5-S1 distribution. A lumbar provocative discogram dated June 07, 2012, was positive at L3-4 and L5-S1. A lumbar computerized tomography (CT) myelogram dated February 14, 2012, showed L3-4 disc protrusion, with narrowing of the central canal. An x-ray of the lumbar spine showed post-fusion changes, and moderate intervertebral disc space narrowing and spondylophyte formation at T12-L4. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, sedatives, gabapentin, antidepressants, physical therapy, trigger point injections, lumbar epidural steroid injection, lumbar fusion surgeries in June 2011 and September 2012, and successful trials of percutaneous spinal stimulator. The patient would like to proceed with permanent implantation of spinal cord stimulator. A utilization review from December 31, 2013 denied the requests for Fexmid 7.5mg #60, as this medication is not recommended for chronic use; and Dendracin 120ml, as there was no indication of the need for this medication. There was modified certification for Norco 10/325mg for #120 for continued reduction in opioid use; and Doral 15mg #15 as this is not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is recommended as a short-course therapy. The effect is greatest in the first four (4) days of treatment. The patient has been on muscle relaxants (Zanaflex) since 2011, but there is no documentation as to when this patient was started on this medication. There is no documentation of acute exacerbation of chronic pain, and the patient reports significant improvement with prior trial of spinal cord stimulator with decreased intake of pain medications. The indication for this request is unclear at this time. Therefore, the request for Fexmid 7.5mg #60 is not medically necessary.

Dendracin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; and Topical analgesics Page(s): 28, 105, and 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Dendracin contains methyl salicylate, menthol, and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Regarding the Menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines indicate that the FDA has issued an alert in 2012, indicating that topical over the counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the guidelines indicate that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, the guidelines indicate that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. There are no studies of a 0.0375% formulation, and no indication that this increase over 0.025% provides further efficacy. In this case, there is no documentation of failure of conventional oral analgesics to support the continued use of this product, and the patient gained significant improvement with the trial of spinal cord stimulator. Therefore, the request for Dendracin 120ml is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since 2011. The patient has been taking between six to eight (6-8) tablets a day. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, the patient reports significant pain relief with trial of spinal cord stimulator with decreased intake of medications. The requested quantity does not reflect this effect. Therefore, the request for Norco 10/325mg #150 is not medically necessary.

Doral 15mg #30: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no documentation as to when this patient was started on this medication. However, there is no clear indication for the use of this medication as this is not recommended for management of chronic pain. Therefore, the request for Doral 15mg #30 is not medically necessary.