

Case Number:	CM14-0009992		
Date Assigned:	02/21/2014	Date of Injury:	05/05/1999
Decision Date:	08/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal 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:

This is a 52-year-old male with a 5/5/99 date of injury. The mechanism of injury was not noted. According to a progress note dated 2/10/14, the patient stated he was still feeling the effects following the recent epidural steroid injection to his lower back, as well as radicular symptoms to his lower extremities with improved mobility in activities tolerance. In addition, the patient continued to complain of neck pain which radiated down to both upper extremities with associated cervicogenic headaches. Objective findings show tenderness to palpation of posterior cervical musculature with increased muscle rigidity; palpable trigger points throughout cervical paraspinal muscles, trapezius, and medial scapular regions; decreased cervical spine ROM; tenderness to palpation along the posterior lumbar musculature bilaterally with diffuse muscle rigidity along with trigger points, decreased lumbar spine ROM. Diagnostic impression is lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, reactionary depression/anxiety, cervical radiculopathy, status post posterior lumbar interbody fusion, status post pelvic open reduction and internal fixation, status post pulmonary embolus, status most myocardial infarction. Treatment to date includes medication management, activity modification, surgery, ESI, and spinal cord stimulator. A UR decision dated 1/10/14 denied the requests for Doral and Dendracin. Regarding Doral, the patient had been a long-term user of another benzodiazepine, Halcion, since at least August of 2013 without any evidence of benefit or meaningful assessment of the etiology of his insomnia. According to the 12/12/13 evaluation, there was no assessment or clinical findings noted with regard to insomnia. Regarding Dendracin, the patient has been using this medication for at least three months; however, there is no evidence of any significant benefit specifically from its use. In addition, guidelines indicate there is a lack of support regarding Capsaicin 0.0375% and the long term use of topical NSAIDs,

particularly the latter component for management of the conditions this patient is experiencing (i.e. spinal and radicular) pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the reports reviewed, the patient has been on a different Benzodiazepine, Halcion, since at least 8/16/13, if not earlier. A specific rationale identifying why the physician discontinued Halcion and started the patient on Doral was not documented. Guidelines do not support the long-term use of Benzodiazepines. Therefore, the request for Doral 15 mg #30 is not medically necessary.

Dendracin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Topical Medication Safety Warning).

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, the California MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Dendracin lotion is required in this patient despite lack of guideline support was not identified. Therefore, the request for Dendracin 120 ml is not medically necessary.

