

Case Number:	CM14-0010274		
Date Assigned:	02/21/2014	Date of Injury:	09/18/2008
Decision Date:	08/06/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 48-year-old female with a date of injury of 9/18/08. The mechanism of injury has not been noted. On 12/16/13, a comprehensive pre-surgical and psychological evaluation was done to assess for an intrathecal morphine pump. She was hospitalized 10/25/13 for rapid opiate detoxification which was complicated by elevated liver enzymes. She takes 6-10 Norco tablets per day. She has severe debilitating back pain that is not improving post detox, and she is requesting to increase her pain medications again, while waiting a trial of intrathecal morphine pump. The diagnostic impression is lumbar post-laminectomy syndrome, depression/anxiety. Treatment to date include: surgery, physical therapy, rapid opiate detoxification, medication management. A UR decision dated 1/8/14, denied the request for Norco and Dendracin. The request for Norco #300 was modified to #240, but the rationale for modification was not noted. The request for Dendracin was not supported by guidelines and the rationale was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 79-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, on 2/7/13, the patient was noted to be on Roxicodone, Norco, Duragesic, and Oxycontin was discontinued, all of which are opioids. On 2/6/13, a urine drug screen performed on this patient was negative for all 10 drug categories including opiates. In addition, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no CURES Report or an opiate pain contract noted. This patient has an inconsistent urine drug screen, which demonstrates aberrant behavior and misuse. The UR review modified the Norco #300 to #240 to allow for a weaning process to occur. In addition, this request is for 300 tablets of Norco per month, which puts the patient at 10 Norco daily. This is a significant amount of acetaminophen for a patient that is already documented to have difficulty with elevated liver enzymes due to heavy opiate use. Therefore, the request for Norco 10/325mg #300 is not medically necessary.

Dendracin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation 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, CA 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. Guidelines do not support the use of local anesthetics in topical compound formulations. Dendracin lotion is a compounded product containing benzocaine, a local anesthetic which is not supported by guidelines. Guidelines do not support the use of topical anesthetics in a lotion form due to concerns regarding difficulty controlling the amount applied and the dangers of systemic toxicity. Therefore, the request for Dendracin 120ml is not medically necessary.