

Case Number:	CM14-0014081		
Date Assigned:	02/26/2014	Date of Injury:	11/12/2007
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 49-year-old male who reported an injury on 11/12/2007. The mechanism of injury was not provided in the documentation. Per the evaluation note dated 12/09/2013, the injured worker reported continued low back pain radiating down both lower extremities with diagnosis of lumbar post-laminectomy syndrome following a lumbar interbody fusion at L5-S1 on 04/16/2010. The injured worker was noted to have received certification for trial of spinal cord stimulation; however, the injured worker declined the procedure at this time. On physical examination, the cervical spine revealed tenderness to palpation along the posterior cervical musculature with muscle rigidity and trigger points that were tender along the posterior cervical musculature, upper trapezius and medial scapular regions bilaterally. The injured worker had decreased range of motion and pain with decreased sensation along the lateral arms and forearms bilaterally at approximately the C5-C6 distribution. Deep tendon reflexes were symmetrical 2/4 in the upper extremities. The lumbar spine revealed tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone. Decreased range of motion with pain on movement was noted. Straight leg raise in the modified sitting position was positive on the right and moderately positive on the left which caused radicular pain bilaterally. He had decreased sensation along the posterolateral thigh and lateral calf bilaterally in approximately L5-S1 distribution. Cervical MRI performed 02/12/2008 reported a central disc protrusion throughout the cervical spine with moderate central stenosis at C4-5. Some bilateral neural foraminal narrowing at C4-5, C5-6, and C6-7 was noted. Disc desiccation was noted throughout the cervical spine. EMG (Electromyography) of the cervical paraspinal muscles and bilateral upper extremities performed 12/2009 was read as normal. EMG (Electromyography) dated the same day revealed left mild L5 radiculopathy. Lumbar spine MRI from 10/2009 revealed grade II spondylolisthesis at L5 on S1 with a 6 mm defect and mild to moderate neural foraminal

narrowing with an associated pars defect. There was a 2.3 mm disc protrusion at L3-4 and L4-5 with facet hypertrophy noted at L4 and L5. Diagnoses for the injured worker were reported to include lumbar spine post laminectomy syndrome, bilateral lower extremity radiculopathy, status post L5-S1 superior lumbar interbody fusion, right arthroscopic shoulder surgery for rotator cuff tear, and myofascial pain syndrome. The injured worker underwent a posterior lumbar interbody fusion on 04/16/2010 and right rotator cuff surgery on 05/28/2008. The request for authorization for medical treatment for the Norco and Dendracin topical analgesic cream were not provided within the documentation. The provider's rationale for the Norco and the Dendracin topical was not provided within the documentation. There was no documentation regarding prior treatments for the low back pain except for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, CRITERIA FOR THE USE OF OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 80-81.

Decision rationale: The California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain, however, for continuous pain, extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (more than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. There was a lack of documentation regarding objective clinical findings of decreased pain or increased functionality while utilizing this medication. The guidelines note Norco is a short acting opioid and should not be used long term. In addition, the guidelines note there is no evidence of long term benefit or improved functionality with opioid use in regard to chronic back pain. The documentation reported the injured worker had been utilizing this medication long term. The request did not specify dosing information for the medication. Therefore, the request for Norco 10/325mg #180 is not medically necessary and appropriate.

DENDRACIN TOPICAL ANALGESIC CREAM #2 BOTTLES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105,111-112.

Decision rationale: Per CA MTUS guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Topical salicylate is recommended as significantly better than placebo in chronic pain. Dendracin contains Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol USP 10%. There is a lack of clinical documentation regarding the use of this topical and the efficacy of the topical. In addition, the guidelines do not recommend capsaicin at the 0.0375% as there is a lack of current studies to suggest further efficacy of the higher percentage. Capsaicin for chronic back considered experimental in higher doses. In addition, the request did not specify the dosage or use of the topical cream. Therefore, the request for Dendracin topical analgesic cream #2 bottles is not medically necessary and appropriate.