

Case Number:	CM14-0015270		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2007
Decision Date:	07/31/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 42-year-old female who has submitted a claim for low back pain, left knee medial meniscus tear, and left knee internal derangement associated with an industrial injury date of 08/25/2007. The medical records from 08/02/2013 to 01/13/2014 were reviewed and showed that patient complained of low back pain graded 7-8/10 radiating down the right leg. There was complaint of left knee pain graded 7/10 with no associated radiation or numbness. The physical examination of the lumbar spine revealed tenderness over the L4-S1 paralumbar musculature. Limited lumbar range of motion (ROM) with pain was noted. The Manual Muscle Test (MMT) and deep tendon reflex (DTR), and sensation to light touch of bilateral lower extremities were all intact. The physical examination, of the left knee, revealed antalgic gait with swelling and tenderness over the medial and lateral joint line and inferior pole of the patella. Limited left knee ROM with crepitation and pain was noted. Gross stability of the knee was satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. The MRI of the lumbar spine dated 04/17/2013 revealed L5-S1 protrusion. The MRI of the left knee dated 10/17/2013 revealed minimal chondral thinning in the medial patellar facet and lateral trochlea in the patella femoral compartment with no meniscal, or cruciate ligament tear. Treatment to date has included L5-S1 selective nerve block (12/10/2013), physical therapy, home exercise program, Norco, Compazine, Motrin, Dendracin lotion, Prilosec, and topical salicylate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed Norco 10/325 mg #60 since 12/10/2013. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. There is no discussion to support the need for continuation of opioid use. Therefore, the request for prescription of Norco 10/325 mg, #60 is not medically necessary.

COMPAZINE 10 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: Compazine is a phenothiazine that has sedative and anti-emetic properties with multiple central nervous system effects such as somnolence, confusion and sedation. The California MTUS does not specifically address Antiemetics. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. The ODG states that Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. In this case, the patient has been prescribed Compazine 10mg #30 since 12/17/2013 for opioid-associated nausea. The guidelines do not recommend such use of Antiemetics. Therefore, the request for Compazine 10 MG, #30 is not medically necessary.

DENDRACIN LOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin, Topical.

Decision rationale: Dendracin lotion contains Methyl Salicylate, Benzocaine, and Menthol. According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of local anesthetics in topical compound formulations. The Benzocaine component does not show consistent efficacy to be used on topical application. Regarding the Menthol and Methyl Salicylate components, the MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the rationale of using a topical lotion is due to oral intolerance with non-steroidal anti-inflammatory drugs (NSAIDs). However, the guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Dendracin lotion contains drug components that are not recommended for topical use. Therefore, the request for prescription of Dendracin lotion is not medically necessary.