

<b>Case Number:</b>	CM14-0019219		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Family 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 injured worker's date of injury is 08/07/2000. The patient's treating physician is treating the patient for thoracic/lumbosacral neuritis/radiculitis, unspecified. The treating physician in his note dated -1/03/2014 wrote that the patient's chronic low back was getting worse. He took 8 Norco's a day and Soma 4 to five a day. On exam he seemed to be in distress. Low back muscles were tender on palpation. Forward bending was reduced and straight leg rising caused pain at 40 degrees. An MRI of the lumbar spine in November 2013 showed 5 mm broad disc protrusions and moderate foramen narrowing. The treating physician has requested coverage for Norco, Anaprox, Prilosec, and Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**Decision rationale:** The patient complained of worsening pain on 01/03/'14 during his visit with the treating physician, as documented in the outpatient note on that date. Norco 10/325 is a

combination pill containing 10 mg of hydrocodone (a short acting opioid) and acetaminophen (an analgesic). The patient reported increasing the number of Norco tabs to 8 a day. Taking 8 of this strength Norco, means that the patient is taking 80 mg of hydrocodone per 24 hours. This is higher than the 60 mg per 24 hours limit in the MTUS guidelines. Another factor in the reassessment is that this increase in pain occurred just after the patient completed a functional restoration program. The increase in pain and loss of functionality in this note argues against any claim of effectiveness with this therapy. Based on the clinical data presented in this case, the request for Norco is not medically necessary.

**ANAPROX DS 550MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** This patient is being treated for chronic low back pain and has deteriorating pain despite attending a functional restoration program and taking increasing dosages of his opioids. Anaprox is an NSAID and as such, it is recommended as a second-line treatment after acetaminophen for breakthrough low back pain. Long-term NSAID use is associated with harms, including cardiovascular effects, renal injury, and upper and lower GI bleeding. Based on the clinical information documented, the request for Anaprox is not medically necessary.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI) and is indicated in patients who have a documented risk of GI bleeding when taking anti-inflammatory medications, such as corticosteroids or NSAIDS. The clinical documentation in this case does not provide solid evidence of such a GI risk. The request for this PPI is not medically necessary.

**DENDRACIN 120ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANESTHETICS Page(s): 111-112.

**Decision rationale:** This patient has chronic low back pain that is getting worse. Dendracin is a lotion that is applied topical on the skin and is marketed as a topical analgesic. Dendracin contains menthol (an irritant), methyl salicylate (an NSAID), and capsaicin (an irritant derived from chili peppers). Topical analgesics are considered experimental with few randomized trials to determine their efficacy or safety. In addition, if a compounded product contains one drug or drug class that is not recommended, then the lotion itself cannot be recommended. Topical NSAIDS have not been shown to be effective in the management of chronic low back pain. The request for Dendracin is not medically necessary.