

Case Number:	CM14-0022518		
Date Assigned:	05/09/2014	Date of Injury:	06/18/2003
Decision Date:	07/10/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Connecticut and 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 68 year old female who sustained an injury on 06/18/03. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back pain following a lumbar fusion from L3 to S1. It is noted the injured worker had a spinal cord stimulator placed with leads at T8 and T9. The injured worker was seen by [REDACTED] on 02/12/14. The injured worker had been lost in follow up for more than one year. On physical examination, the injured worker had a rigid gait with diffused tenderness to palpation noted throughout the thoracolumbar spine. No motor deficits in the lower extremity were noted. The injured worker did ambulate with a cane. There were concerns regarding adjacent level disease in the lumbar spine. There were recommendations for removal of the spinal cord stimulator to allow an MRI study to be performed. The injured worker was seen on 02/27/14 with continuing complaints of pain and depression. The injured worker continued to report low back and lower extremity symptoms. On physical examination, there was difficulty with ambulation. The injured worker did utilize a cane. The recommendation was again for updated MRI studies of the lumbar spine. The injured worker was recommended to follow up with [REDACTED] for pain management. Toxicology results from 03/03/14 noted negative findings. The injured worker was seen by [REDACTED] on 04/01/14. The injured worker's symptoms remained in the mid and low back with increasing numbness and tingling reported in the right shoulder. The injured worker described weakness in the lower extremities. The injured worker indicated that she had not used her spinal cord stimulator for more than one year. Prescribed medications at this visit included Norco 10/325mg 2-3 times per day for pain. Celebrex was also utilized as well as Lyrica and Lexapro. The injured worker was utilizing Docusate for opioid induced constipation. The injured worker did report that Dendracin lotion was beneficial for the treatment of neuropathic pain in the extremities. With medications, the injured worker reported

her pain score at 6/10 on the Visual Analogue Scale (VAS). Without medications, the injured worker's pain was uncontrolled at 10/10. With medications, the injured worker was able to perform activities of daily living and was sedentary without medications. No evidence of drug seeking behavior was reported. The injured worker was recommended to continue with medications at this evaluation. Physical examination noted tenderness to palpation in the cervical spine with loss of lumbar range of motion and tenderness to palpation. Weakness was noted at the right and left extensor hallucis longus, left side worse than right. There was hypoesthesia in the L5 and S1 dermatomes. The injured worker did state that at the time the last urine drug screens were obtained, she was not actively utilizing Norco. The request for Norco 10/325mg, quantity 90 and a trial of Dendracin lotion was denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY:90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, criteria for use Page(s): 88-89.

Decision rationale: The additional clinical information did address the negative drug screen result from 03/03/14 as the injured worker said she was not actively utilizing Norco when the drug screen was obtained. With Norco, the injured worker did report improved function as well as pain reduction of more than 40%. The injured worker stated she was able to perform normal activities of daily living with the use of Norco but was essentially sedentary without this medication. As there is no further indications of inconsistent medication behavior and the clinical documentation did note the efficacy of Norco, therefore the request is medically necessary.

TRIAL OF DENDRACIN LOTION: Upheld

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

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

Decision rationale: The injured worker was noted to be utilizing multiple medications for neuropathic pain to include Lyrica and Lexapro. There is no indication from the reports that the injured worker achieved inadequate results with these 1st line medications for neuropathic symptoms. As current evidence based guidelines consider topical analgesics largely experimental and investigational in the treatment of chronic neuropathic pain and as there was no

evidence to support that the injured worker had failed all oral treatment alternatives for neuropathic pain, therefore, the request is not medically necessary.