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| Case Number: | CM14-0029671 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/25/2007 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/08/2014 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female who reported an injury on 08/25/2007, with the mechanism of injury not cited within the documentation provided for review. In the clinical notes dated 01/21/2014, the injured worker complained of low back pain and left knee pain, of which she rated an 8/10 with pain radiating up into the neck from the low back. It was also noted that the injured worker stated her pain was reduced with medication down to a pain level status of 6/10. Prior treatments included a nerve root block, diagnostic studies, medications, and physical therapy. The physical examination of the lumbosacral spine revealed tenderness at the lower part of the lumbosacral musculature on deep palpation, especially on L4-5 and L5-S1; restricted range of motion; a positive straight leg raise test bilaterally; and it was noted that the injured worker was using a single-point cane for ambulation. The physical examination of the bilateral hips revealed decreased range of motion, a positive Faber's maneuver on the right side, and weakness of the left lower extremity. The physical examination of the left knee revealed decreased range of motion, swelling and tenderness at the medial joint line, as well as the inferior pole of the patella and lateral joint line, and a positive Lachman maneuver. The assessment included left knee internal derangement, complex regional pain syndrome (left lower extremity), gastritis, L5-S1 broad central disc protrusion, and cervical trapezius strain/sprain. The treatment plan included a request for left knee surgery, a refill of Norco 10/325 one by mouth twice a day quantity 60 for severe pain, Motrin 600 mg; Prilosec 20 mg, and Dendracin lotion for local application. The Request for Authorization for medications for the diagnoses of left knee internal derangement, cervical trapezius strain/sprain was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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, specific drug list Page(s): 78, 80, 91.

Decision rationale: The request for Norco 10/325 mg #60 is non-certified. The California MTUS Guidelines state that opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. The guidelines also recommend ongoing monitoring of symptoms with the documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Norco is indicated for moderate to moderately severe pain. In the clinical notes provided for review, it is annotated that the injured worker stated that the pain level status is a 6/10 with the help of medication; however, the pain level never goes down below 6. As such, the guidelines state that re-assessment and consideration of an alternative therapy should be examined due to the failure of response to a time limited course of opioids. Furthermore, the guidelines state that the use of opioids are indicated for short-term pain relief with long-term efficacy greater than 16 weeks being unclear, of which the injured worker has exceeded since it is noted that she has been on Norco since 3/2013. Therefore, the request for Norco 10/325 mg #60 is non-certified.

Dendracin lotion containing 30% methylsalicylic acid, 15% benzocane and 5% menthol, 120gm: 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): 111-112.

Decision rationale: A request for Dendracin lotion containing 30% methyl salicylic acid, 15% benzocaine and 5% menthol, 120 grams is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful to the specific therapeutic goal required. In the clinical notes provided for review, there is a lack of documentation of the areas for use of the topical analgesic requested. There is also lack of evidence and rationale to support

the request for the use of a topical analgesic with the listed ingredients, including topical analgesics, for which there are no specific recommendations based on limited evidence supporting use. Therefore, the request for Dendracin lotion containing 30% methyl salicylic acid, 15% benzocaine and 5% menthol, 120 grams is non-certified.