

<b>Case Number:</b>	CM14-0034092		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/05/1999
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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:

Patient is a 73 year-old male with date of injury 01/05/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/22/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the posterior lumbar musculature, bilaterally. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. There was noted guarding with general range of motion testing. Range of motion was within normal limits. Sensory exam was decreased on the posterolateral thigh and posterolateral calf bilaterally in approximately the L5-S1 distribution. Straight leg raising test was positive at 60 degrees bilaterally in the modified sitting position which caused radicular symptoms to both lower extremities. Diagnosis: lumbar post-laminectomy syndrome status post L-S1 interbody fusion 2. L5-S1 grade II-III spondylolisthesis 3. Right lower extremity radiculopathy 4. Coronary artery disease 5. Status post myocardial infarction and coronary stent, times two 6. Reactionary depression/anxiety 7. Low testosterone due to continued opiate use 8. Bilateral shoulder myoligamentous injury with right shoulder impingement syndrome- non-industrial 9. Right clavicular fracture, secondary to fall 10. Medication induced gastritis. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: 1. Norco 10/325mg, #240 SIG: 6-8 tablets per day 2. Prozac 20mg, #60 SIG: bid 3. Dendracin Topical Analgesic Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #240:** 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 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. Norco 10/325mg, #240 is not medically necessary.

**PROZAC 20MG, #60:** Overturned

**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 (Chronic), SSRIs (selective serotonin reuptake inhibitors)

**Decision rationale:** According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The patient carries the specific diagnosis of secondary depression. I am reversing the prior utilization review decision, this request is medically necessary.

**DENDRACIN TOPICAL ANALGESIC CREAM:** 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 Page(s): 28, 105.

**Decision rationale:** Dendracin Cream is a topical analgesic with the active ingredients, methyl salicylate 30%, capsaicin 0.0375%, and menthol USP 10% used for the temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. The MTUS states that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Dendracin Topical Analgesic Cream is not medically necessary.