

<b>Case Number:</b>	CM14-0038993		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 41 year-old with a date of injury of 01/08/10. A progress report associated with the request for services, dated 01/06/14, identified subjective complaints of low back and left shoulder pain. Objective findings included tenderness to palpation and decreased range-of-motion of the lumbar spine. There was also weakness of the left shoulder. Diagnoses included lumbar sprain and shoulder sprain. Treatment has included oral analgesics, Ambien, and Dendracin. A Utilization Review determination was rendered on 03/05/14 recommending non-certification of "Dendracin topical lotion (only brand name) bid 120 ml; chiropractic manipulative therapy 2 times weekly for 4 weeks; Ambien 10 mg 1 po at bedtime #30; and Norco (hydrocod/APAP 10/325 mg) 1 po tid prn pain #120".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN TOPICAL LOTION (ONLY BRAND NAME) BID 120 MI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS SECTION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; Salicylate Topicals; Topical Analgesics Page(s): 28-29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Pain: Biofreeze Cryotherapy Gel; Topical Analgesics; Salicylate Topicals.

**Decision rationale:** Dendracin lotion has multiple ingredients that include methyl salicylate 30%, capsaicin 0.025%, and menthol USP 10%. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically, the Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Capsaicin is an active component of chili peppers and acts as an irritant. The Guidelines for Chronic Pain state that capsaicin topical is Recommended only as an option in patients who have not responded or are intolerant to other treatments. It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. The Guidelines further state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound. Therefore the compounded formulation, Dendracin is not medically necessary.

#### **CHIROPRACTIC MANIPULATIVE THERAPY 2 TIMES WEEKLY FOR 4 WKS.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION SECTION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of

up to 18 visits over 6-8 weeks are recommended. In this case, 8 visits have initially been requested. This exceeds the recommendation of 6 initial visits. Therefore, the record does not document the medical necessity for 8 chiropractic sessions as requested.

**AMBIEN 10 MG 1 PO AT BEDTIME #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment; and Mental Illness & Stress, Zolpidem (Ambien) Other Medical Treatment Guideline or Medical Evidence: [www.Ambien.com](http://www.Ambien.com).

**Decision rationale:** Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term; likewise, at greater than recommended doses. Therefore, the record does not document the medical necessity for Ambien.

**NORCO (HYDROCOD/APAP 10/325 MG) 1 PO TID PRN PAIN #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

**Decision rationale:** Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be

efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.