

Case Number:	CM14-0061270		
Date Assigned:	07/09/2014	Date of Injury:	07/08/2010
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

The patient is a 41-year-old male who has submitted a claim for axial low back pain, lumbar sprain/strain, persistent neck pain, and post traumatic headaches; associated with an industrial injury date of 07/08/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of right sided axial low back pain, neuropathic pain over the right anterior thigh, persistent pain affecting the right arm specifically the right index finger, and headaches. Physical examination showed tenderness over the right paracervical musculature with mild spasm, midline thoracic spine from T2 through T5, right L4-L5 and L5-S1 paravertebral joints, and bilateral paraspinous lumbar musculature. The patient has pain with lumbar extension, rotation, and right greater than left lateral bending. Hyporeflexia was noted in the bilateral Achilles tendon. Motor testing was normal. Sensation was intact. Treatment to date has included medications, medial branch nerve block, and facet nerve rhizotomy. Utilization review, dated 04/14/2014, denied the request for Dendracin lotion because there was no evidence of failure of oral first-line medication, and its components are not recommended for topical use; and denied the request for Neurontin, however, the reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 90 capsules of Neurontin 300mg (DOS: 3/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: As stated on pages 16-17 of the California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A 30% reduction in pain is clinically important to patients taking antiepilepsy drugs. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, the patient has been prescribed Neurontin since at least October 2013. The most recent clinical evaluation, dated 06/30/2014, indicated 40% improvement of pain and function with the current use of medications. The medical necessity for Gabapentin has been established. However, the present request as submitted failed to specify the date of service to be evaluated. Therefore, the Retrospective Request for 90 Capsules of Neurontin 300mg is not medically necessary.

Retrospective request for 1 Dendracin Lotion 120ml (DOS: 3/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Salicylate topicals.

Decision rationale: As stated on pages 112 to 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin contains Methyl Salicylate/Capsaicin 0.0375%/Menthol. The California MTUS states that there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Regarding the Menthol component, California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. In this case, the patient has been prescribed Dendracin since at least October 2013. However, guidelines do not support the use of Dendracin because it contains Capsaicin 0.0375% formulation which is not recommended. Lastly, the present request as submitted failed to specify the date of service to be evaluated. Therefore, the Retrospective Request for 1 Dendracin Lotion 120ml is not medically necessary.