

Case Number:	CM14-0063236		
Date Assigned:	07/16/2014	Date of Injury:	01/09/2014
Decision Date:	09/12/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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:

This is a 22-year-old female with a 1/9/14 date of injury. The patient injured her back while she was lifting boxes and while lifting a tray of cups. According to a progress report dated 4/18/14, the patient complained of pain in the lower back with radiation to the right leg. She also complained of pain in the right arm. The pain was constant in frequency and severe in intensity. On a scale of 0 to 10, she rated the severity of the pain as 8. The patient stated that her symptoms have been unchanged since the injury. With regard to functional limitations during the past month, the patient avoided going to work, physically exercising, performing household chores, participating in recreation, and doing yard work or shopping because of her pain. Objective findings: restricted ROM of lumbar spine, tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms, process tenderness or masses palpable along the lumbar spine, diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Diagnostic impression: Displacement of lumbar intervertebral disc without myelopathy, Sciatica. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/7/14 denied the requests for Tramadol ER 150 mg and Dendracin lotion. Regarding tramadol, the medical records do not provide a rationale for the extended release form of Tramadol especially since the patient has a non-opiate analgesic, Naproxen and an adjuvant for neuropathic pain, Neurontin and is awaiting an Epidural Steroid Injection. It would be reasonable to observe her response to the ESI and these medications including short-acting Tramadol before considering a long-acting opiate. Regarding Dendracin, the records do not demonstrate that the patient is intolerant to oral analgesics, as evidenced by prescriptions for Neurontin and Naproxen, to substantiate the request

for an investigational topical lotion. However, a UR decision dated 5/7/14 certified the request for Tramadol ER 150 mg #30 as the result of a request for authorization of appeal dated 5/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg PO QD PRN #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; Pain Chapter, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to a report dated 4/18/14, the patient stated that her symptoms have been unchanged since her injury. She also stated that she had functional limitations such as avoiding going to work, physically exercising, performing household chores, participating in recreation, and doing yard work or shopping because of her pain. Furthermore, a urine drug screen dated 3/20/14 was inconsistent for Tramadol. There is no documentation that the provider has addressed this issue. However, a UR decision dated 5/7/14 certified the request for Tramadol ER 150 mg #30 as the result of a request for authorization of appeal dated 5/6/14. However, that appeal note was not provided for review. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary.

Dendracin Apply Topically BID, PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter, Topical Analgesics, Lidocaine, Capsaicin, Baclofen, Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Topical Medication Safety Warning).

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Guidelines do not support the use of local anesthetics in a topical formulation. A specific rationale regarding why Dendracin would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Dendracin is not medically necessary.