

<b>Case Number:</b>	CM14-0089018		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/25/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 patient is a 42 y/o female who has developed chronic lumbar and left knee pain subsequent to an injury dated 8/25/07. MRI studies of the lumbar spine have shown degenerative disc disease at L5-S1 without significant central or neuroforaminal stenosis. Left knee MRI studies are consistent with degenerative joint changes. A recent request for a spinal surgery consult has been authorized. A request for knee arthroscopy has been denied. She is treated with oral analgesics which includes Hydrocodone 10/325 BID, Motrin 600mg. BID, and Celexa 10mg. q.d. for neuropathic pain. Her VAS scores are reported to be 9/10 without medications and 6-7/10 with medications. No detailed functional assessments are reported with or without medications. She was started on Celexa and it was to be discontinued the following month if there were no pain improvements. No pain improvements have been documented after initiation of the Celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg PRN #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 Page(s): 78, 80.

**Decision rationale:** MTUS Guidelines supports the long-term use of Opioids only if there are clearly documented improvements in pain and function. The prescribing physician does not document specifically how the Hydrocodone has benefited this patient. There is no documentation of when the opioid is used and how long the benefits last. There is also no documentation of any functional benefits because of the opioid use. The provider does provide the documentation that supports Guideline recommendations for the long-term use of Opioids. The Hydrocodone 10/325mg is not medically necessary.

**Motrin 600mg, 1 PO BID, #60:** Overturned

**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 NSAID's Page(s): 71,72.

**Decision rationale:** MTUS Guidelines supports the long-term use of NSAID's if arthritic conditions are present and there is meaningful pain relief. It is documented that her knee has an arthritic condition and it is documented that her medications are most helpful for her knee. The Motrin 600mg. BID is medically necessary.

**Celexa 10mg, 1 PO QD #30:** 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): 14, 16.

**Decision rationale:** MTUS Guidelines supports a trial of antidepressants for chronic pain, but continued use is only supported if there are meaningful benefits (usually noted to be 30% or better improvement in pain). There have been no changes in reported levels of pain, function of psychological outlook since instituting the Celexa. The Celexa 10mg. q.d. is not medically necessary.

**Prilosec 20 mg, #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 Page(s): 68.

**Decision rationale:** Before the long-term use of Proton Pump Inhibitors (Prilosec) MTUS Guidelines recommend a risk assessment and if there is low GI, risk the routine use is not recommended. In the records reviewed, there is no documentation of medium to high GI risks with NSAID use and there is no reporting of GI distress. Long-term use of this class of drugs is not benign as they have been associated with increased hip fractures, increased lung infections, and biological metals dysregulation. The Prilosec 20mg #60 is not medically necessary.

**Dendracin Ointment:** 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): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed/dispensed compounded Dendracin Ointment is not medically necessary.