

Case Number:	CM14-0094412		
Date Assigned:	07/25/2014	Date of Injury:	10/09/2006
Decision Date:	09/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is 44 year old male presenting with chronic pain following a work related injury on 10/09/2006. The claimant complains of low back and lower extremity pain. The pain is associated with numbness affecting the right thigh. Pain is traveling down both legs right greater than left. He complains of muscles spasm affecting the right side of the low back as well as cramping affecting both calves. The claimant underwent L3-S1 fusion with [REDACTED] and acupuncture treatments. The claimant's medications include Butrans Patch 10mcg, Naproxen, Amitriptyline, Zantac, Dendracin Lotion, Gabapentin and Cymbalta. The physical exam showed antalgic and assistive with single point cane, bilateral lumbar paraspinous tenderness, well healed midline surgical scar. There is 1+ palpable muscle spasm bilaterally, 1 to 2+ palpable muscle spasms right lumbar region, positive straight leg raise bilaterally at 45 degrees, 4/5 left anterior tibialis, right extensor hallucis longus and 3/5 left extensor hallucis longus, hypesthesia over the right lateral thigh and in the left L5 dermatome. Achilles reflex is absent on the left and trace on the right. The claimant was diagnosed with chronic severe low back pain status post L3-S1 posterior lumbar fusion with evidence of residual severe left osseous neuroforaminal narrowing at L5-S1 and mild right-sided osseous neuroforaminal narrowing also at L5-S1, bilateral lower extremity radiculopathy and depression secondary to chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Dendracin lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/dendracin-lotion.html> - Dendracin (Methyl Salicylate/Benzocaine/Menthol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Dendracin Lotion 120ml is not medically necessary. Dendracin is a compounded lotion containing Menthol, Salicylate and Benzocaine. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, California MTUS page 111 states that topical analgesics such as Salicylate, which is a topical NSAID, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the medication is not medically necessary.