

Case Number:	CM13-0020190		
Date Assigned:	10/11/2013	Date of Injury:	11/01/2001
Decision Date:	04/01/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 48 year old female, who sustained an industrial injury on 11/1/01. The progress report dated 5/9/13 noted that the injured worker with physical therapy is slowly improving range of motion and function, still with limited quadriceps ability and impaired range of motion. She has reported a reduction in symptoms and improvement in function of more than 50% since initiating therapy. The diagnoses have included effusion of joint, lower leg; pain in joint, lower leg and abnormality of gait. According to the utilization review performed on 8/27/13, the requested Dendracin Lotion 30/10/0.025% BTL 120ml (DOS 8/05/2013); Naproxen sodium 550mg #60 (DOS 8/05/2013) and Omeprazole DR 20mg #30 (DOS 08/05/2013) has been non-certified. Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 30/10/0.025% BTL 120ml (DOS 8/05/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right lower extremity pain. She underwent arthroscopy in February 2013. Dendracin lotion is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. The claimant/s medications include the oral non-steroidal anti-inflammatory medication Naprosyn without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Naproxen sodium 550mg #60 (DOS 8/05/2013): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right lower extremity pain. She underwent arthroscopy in February 2013. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Omeprazole DR 20mg #30 (DOS 08/05/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right lower extremity pain. She underwent arthroscopy in February 2013. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The

claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Omeprazole be prescribed.