

<b>Case Number:</b>	CM13-0020233		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 45 year old female who suffered a work related injury on 09/13/10. Per the physician notes from 05/16/13, she complains of low back pain and leg pain and numbness. She is status post left carpal tunnel release and was planning to have right carpal tunnel release the following day. The treatment plan includes bilateral L4-5 and L5-S1 facet joint steroid injection, Norco, naproxen, gabapentin, Prilosec, trazadone, Medrox patches, Paxil, and Dendracin lotion. On 08/16/13, the Claims Administrator non-certified Norco, gabapentin, and Dendracin, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review. In the case of this worker, although there was some evidence for warranting the gabapentin continually, there was insufficient reporting of its effect on her overall pain and symptoms and function. Also, there was no dosage included in the request. Therefore, the gabapentin #90 will be considered medically unnecessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10mg #90 (DOS 5/16/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed before renewing the Norco. In particular, there was no report regarding the Norco use and its effect on her overall functional status and pain levels, directly. Therefore, without evidence of continual benefit, the Norco will be considered medically unnecessary. Weaning may be necessary.

**Retrospective Gabapentin #90 (DOS 5/16/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented.

**Retrospective Dendracin Lotion 120ML (DOS 5/16/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 111-113, AND Salicylate topicals, p. 105, AND Capsaicin, topical, pp..

**Decision rationale:** Dendracin lotion contains the active ingredients: capsaicin (0.0375 %), menthol (10%), and methyl salicylate (30%). The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS also states that topical methyl salicylate is

recommended as it has proven to be better than placebo in treating chronic pain. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin or methyl salicylate, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker the dosage of the capsaicin is higher than guidelines suggest, based on the lack of supportive data. Therefore, the entire product, Dendracin lotion, will be considered medically unnecessary.