

<b>Case Number:</b>	CM14-0196516		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/17/2008
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice 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:

The injured worker is a 30-year-old male who sustained an traumatic industrial injury 05/17/08, when he was struck by a drunk driver as he was working on the highway. He sustained two fractures of the right forearm and one fracture in the proximal arm. His treatment included surgery for open reduction internal fixation, physical therapy, and chiropractic treatments. The patient also underwent surgery to the right lower extremity and ultimately underwent right ankle fusion surgery. He had surgery of the right fibula, open reduction internal fixation and a history of degloving injury right leg. He was treated at the Mayo Clinic in Rochester, Minnesota, and was diagnosed with brachioplexus injury and underwent nerve grafting surgery from the left lower leg and was placed into the right arm. He reported this surgery was not helpful. The patient reported a history of infection due to lymphedema, which required hospitalization and IV antibiotics. He has been diagnosed with depression and was referred to a psychologist. He reported he had a lumbar spine MRI done and he also underwent surgery to his spine December 2011. He reported being seen by a pain management physician, which he had three lumbar epidural steroid injections with one or three injection providing relief for approximately three days. He also reported undergoing a right stellate ganglion block/cervical sympathetic block 04/17/14 with 30 percent improvement for approximately two days. He remains symptomatic with the right upper extremity neuropathic pain, burning electrical pain in the right upper extremity and complains of low back and right lower extremity pain with numbness and tingling. The patient continues to use Norco for breakthrough pain and Dendracin lotion for topical neuropathic pain in the right upper extremity. His current medications included Norco 10-325, Cymbalta 90 mg, Gabapentin 600 mg, Diclofenac SR 100 mg, and Dendracin lotion. Diagnoses were severe neuropathic pain right upper extremity, flaccid right upper extremity with evidence of complex regional pain syndrome, cephalgia, cervical spine sprain/strain, lumbar spine

sprain/strain status post lumbar spine surgery, status post ORIF of right fibula and history of degloving injury right lower leg, status post right ankle fusion with recurrent osteomyelitis of the right ankle, depression and recurrent nightmares, and chronic insomnia. The physician's objective findings revealed an antalgic gait assisted by a single-point cane. He had bilateral cervical paraspinal tenderness with mild spasm. Cervical range of motion was 40 degrees, extension 30 degrees, right rotation 50 degrees, and left rotation 45 degrees. The right upper extremity appeared red, there was 1+ swelling, and there was no active range of motion. He had decreased sensory distally in addition to areas of hypersensitivity to light touch, and there were skin and nail changes. He had bilateral lumbar paraspinal tenderness from L1 through S1 with 1-2+ palpable muscle spasms present. Lumbar spine range of motion showed flexion at 30 degrees, extension 5 degrees, right lateral bending 10 degrees, and left lateral bending 10 degrees. The right lower extremity had a positive straight leg raise and showed significant scarring with evidence of skin graft donor sites in both thigh and skin grafting over the right lower extremity. There was marked atrophy in the right lower extremity, right ankle had been fused, there was significant swelling in the right ankle and foot. The treatment plan continued to consist of Norco, taking it up to twice per day for moderate to severe breakthrough pain. It was noted the Norco was prescribed for the severe pain affecting the right upper extremity and the diagnosis of complex regional pain syndrome, cephalgia, cervical spine sprain/strain, lumbar spine sprain/strain, the degloving injury of his right lower extremity, right ankle fusion and recurrent osteomyelitis of the right ankle. He was reevaluated 07/24/14 and reported an increase of neuropathic pain without the use of medications. He denied any new injuries or accidents but complained of an increase of low back and right lower extremity pain over the last month. He also reported increased low back and right lower extremity pain, describing a hot burning pain affecting the right leg. There is a Functional Capacity Evaluation report dated 08/15/14 available for review. There were numerous physician evaluation visits available for review for dates of service 05/08/14, 05/12/14, 05/22/14, 07/07/14, 07/24/14, 09/29/14, the findings appeared to be very similar in nature, subjectively, objectively, and the recommended treatment plans.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dendracin lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): (s) 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 60-61.

**Decision rationale:** Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy. As such, the request is considered not medically necessary.

**Norco 10/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Norco 10/325 mg

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is deemed as not medically necessary.