

<b>Case Number:</b>	CM14-0031045		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Emergency 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:

Patient with reported date of injury on 2/4/2009. Mechanism of injury was not provided. Patient has a diagnosis of low back pain with lumbar radiculopathy, broad based disc bulges with neuroforaminal stenosis and large 8x9mm central disc extrusion at L1-2. Post lumbar decompressive surgery at L4-5 and L5-6 on 8/24/09 and lap-band surgery on 6/2/11. Medical reports reviewed. Last report available until 3/4/14. Patient complains of worsening pain. Pt has increasing falls. Also claims weakness in bilateral lower extremities and not able to stand or walk for prolonged periods. Pain is 8-10/10. "20%" improvement with current pain regiment and "improved" ability to perform ADLs. Objective exam reveals in discomfort. Antalgic gait, diffuse back paraspinal tenderness with spasms. Limited range of motion. Straight leg raise positive on R side. Weakness to R peroneus longus/brevis and EHL. Hyperesthesia to L5 dermatome. Current medications are Fentanyl 12mcg/hr patch, Hydrocodone/APAP 7.5/325mg, Gabapentin and Omeprazole. Patient has completed physical therapy. Independent Medical Review is for Hydrocodone/APAP 7.5mg/325mg/15ml #900ml (increase dosage to BID), Gabapentin 300mg/6ml TID #470ml, Omeprazole 20mg #60 and Dendracin #120ml. Prior UR on 3/11/14 recommended denial of increase in Hydrocodone/APAP, gabapentin, omeprazole and dendracin. It approved Fentanyl 12mcg/hr #10, continued hydrocodone/APAP, cane and shower chair and rail.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Increase Hydrocodone/APAP 7.5/325MG/15ML to bid #900ML: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has provided evidence of lack of efficacy on current opioid regimen. Patient has worsening pain, no objective improvement in pain or function(as per MTUS criteria) and claims of increasing falls. The current prescription was for once a day dosing for breakthrough pain. Prescription for increased in Hydrocodone/APAP is not medically necessary.

**Gabapentin 300MG, per 6ML tid #470ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically and there is no documentation of actual benefit. There is no documentation of any objective improvement with documented over sedation on higher dosage. Gabapentin is not medically necessary.

**Omeprazole 20MG, 1-2 per day, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is not on any NSAIDs. There is no documentation of dyspepsia. While pt has increased risk of GI bleed due to history of bariatric surgery, the lack of symptoms or use of NSAIDs do not meet any indication for recommendation. Prilosec/Omeprazole is not medically necessary.

**Dendracin lotion #120ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Dendracin is a topical medication containing several compounds. it contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."1)Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is spinal and is not medically necessary.2)Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. Since patient's pain is poorly controlled with no noted improvement with capsaicin, it is not medically necessary. 3)Menthol: there is no information about menthol in the MTUS. The 2 main active ingredients are not medically recommended therefore dendracin is not medically necessary.