

Case Number:	CM15-0001800		
Date Assigned:	01/12/2015	Date of Injury:	06/05/2009
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

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

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 55 year old male, who sustained a work/ industrial injury as a litigation consultant on 6/5/09 while moving boxes. He has reported symptoms of neck pain radiating to the right upper extremity, difficulty swallowing, urinary incontinence, and low back pain along with bilateral shoulder pain. Prior medical history included hypertension and sleep apnea. Physical exam revealed no acute distress, restricted cervical range of motion, decreased right upper extremity motor, hypesthesia in right ulnar nerve distribution with the physician's note of nerve impingement syndrome and right shoulder adhesive capsulitis. Treatment included narcotic analgesic for pain, oral Gabapentin and topical Dendracin for neuropathic pain, and Flexaril for muscle spasms, along with physical therapy, epidural injections, cervical spine surgery with fusion. Diagnostics included magnetic resonance imaging (MRI) of the cervical spine and neurodiagnostic testing. Home health evaluation was completed with issuing of adaptive equipment to include: a cane, sock grabber, and wiping stick. On 12/16/14, the pain management treating physician ordered Norco for moderate to severe pain, Flexeril for muscle spasm, Dendracin lotion for severe neuropathic pain in the right upper extremity. Gabapentin for neuropathy was not listed on this date. On 12/26/14, Requested for approval was Norco 7.5/325 mg #90, Flexaril 7.5 mg #60, Dendracin Lotion #120 ML, and Gabapentin 300 mg #60. Utilization Review gave modified approval for Norco 7.5/325 mg #90 to Norco 7.5/325 mg #45 (12/26/14 -1/26/15) and approval for Gabapentin 300 mg #60 (12/26/14-12/26/15) citing California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Management Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management Page(s): 78-80.

Decision rationale: Norco 7.5/325mg #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore the request for Norco 7.5/325mg #90 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 & 64.

Decision rationale: Flexeril 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 7.5mg #60 is not medically necessary.

Dendracin Lotion #120ml: Upheld

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

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

Decision rationale: Dendracin Lotion #120ml is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Dendracin Lotion contains: Active ingredients. Methyl Salicylate 30%;Capsaicin 0.0375%;Menthol USP 10%. Per MTUS guidelines, "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Additionally, the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate . The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Capsaicin topical 0.375% is not recommended. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation does not indicate that the patient is intolerant to oral medications. The documentation states that Dendracin has been used and there is no evidence of significant functional improvement. The request for Dendracin is not medically necessary.