

Case Number:	CM15-0002935		
Date Assigned:	01/13/2015	Date of Injury:	11/03/1999
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Washington

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 71-year-old male who reported an injury on 11/03/1999. The mechanism of injury was not provided. His diagnoses include low back pain, bilateral leg pain, bilateral knee pain, left ankle pain, diffuse muscle cramping, and depression, anxiety, and insomnia. Past treatment was noted to include epidural steroid injections to the lumbar spine and knee, medications to include OxyContin, tizanidine, topical Dendracin, Lidoderm patches, oral synovacin, and Acetadryl. On 11/24/2014, it was indicated the injured worker had low back and right leg pain. Upon physical examination, it was noted the injured worker had tenderness over the lower lumbar paravertebral and gluteal muscles and facet joints at the L4-5 and L5-S1 levels. His straight leg raise testing was positive bilaterally. Medications were noted to include OxyContin, tizanidine, Acetadryl, synovacin, Lidoderm patch, and Dendracin lotion. The treatment plan was noted to include epidural steroid injections and medications. A request was received for OxyContin 40 mg #120 and Dendracin Lotion 120 mL, without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the patient's pain and ADLs with and without the use of this medication, and there was no urine drug screen to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a duration and frequency of use. As such, the request for OxyContin 40 mg #120 is not medically necessary.

Dendracin lotion 120mi: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The guidelines also indicate that capsaicin is recommended to those who are intolerant to or resistant to medications. The guidelines also indicate that salicylate topicals are recommended. The clinical documentation submitted for review did not indicate the injured worker failed antidepressants and anticonvulsants, nor was it indicated that he was intolerant to medications. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a frequency, duration, and body region this is to be applied to. As such, the request for Dendracin lotion 120 mL is not medically necessary.