

<b>Case Number:</b>	CM15-0006522		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 08/24/2005 due to an unspecified mechanism of injury. On 02/02/2014, she presented for an evaluation. It was stated that she had undergone bilateral L3-4 and L4-5 facet medial branch rhizotomies on 11/18/2014. She noted an increase in back pain following the procedure and was requesting that she continue her Motrin and Norco for postprocedure pain. She reported axial low back pain without radicular symptoms following her rhizotomy. Her medications included Motrin daily for anti-inflammatory effects and Norco for severe breakthrough pain. She reported that with her medications, her pain would be a 7/10, and without, a 10/10. She stated that the medications improved her activities of daily living. A physical examination showed that she had an unassisted and slightly antalgic gait. There was exquisite tenderness to palpation in the bilateral L3-4 and L4-5 paravertebral joints and nontender of the sacroiliac joints. She also had myofascial tenderness. Range of motion was documented as flexion to 80 degrees, extension to 10 degrees, and right and left lateral bending to 10 degrees. Muscle testing showed 5/5 strength and sensation was intact in all dermatomes. She was diagnosed with lumbar facet syndrome and degenerative disc disease. The treatment plan was for Motrin 800 mg #90 and Dendracin lotion #129 mL. The rationale for treatment was to treat the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain and osteoarthritis/tendinitis. There should be documentation of an objective improvement in function and a quantitative decrease in pain. Based on the clinical documentation submitted for review, the injured worker had noted an improvement in her activities of daily living as well as a decrease in pain with the use of her medications. However, there was a lack of documentation regarding how long she has been using this medication. Without this information, a continuation would not be supported as NSAIDs are only recommended for short term treatment. Also, the frequency of the medication was not provided within the request. Given the above, the request is not medically necessary.

**Dendracin Lotion # 129ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding to the low back. However, there was a lack of documentation showing that she had neuropathic pain or that she had tried and failed recommended oral medications prior to the request for a topical analgesic. In addition, the frequency of the medication was not provided within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.