

<b>Case Number:</b>	CM15-0104757		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 7/10/2007. She reported repetitive motions and lifting heavy pots. The injured worker was diagnosed as having anterior cervical discectomy and fusion, bilateral carpal tunnel release, cervical degenerative disc disease, bilateral shoulder impingement syndrome, lumbar sprain/strain and bilateral knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 4/8/2015, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, right greater than left knee pain and low back pain. Pain was rated 8/10 without medications and 5/10 with medications. Physical examination showed cervical paraspinal tenderness, bilateral shoulder tenderness and mild bilateral lumbar paraspinal tenderness. The treating physician is requesting Norco 10/325 mg #90, Lyrica 25 mg #90, Docusate/Senna 50/8.8 mg #120, Dendracin lotion 120 ml and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured now 8 years ago reportedly from repetitive motion lifting pots. There is a VAS score drop of 3 points with the medicine, but no objective functional improvement out of the regimen documented. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore the request is not medically necessary.

**Lyrica 25 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 16 of 127.

**Decision rationale:** This claimant was injured now 8 years ago reportedly from repetitive motion lifting pots. There is a VAS score drop of 3 points with the medicine, but no objective functional improvement out of the regimen documented. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request was appropriately non-certified under MTUS criteria. Therefore the request is not medically necessary.

**Docus/senna 50/8.8 mg #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, under Senna products.

**Decision rationale:** This claimant was injured now 8 years ago reportedly from repetitive motion lifting pots. There is a VAS score drop of 3 points with the medicine, but no objective functional improvement out of the regimen documented. This is a herbal laxative which contains sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation as to why a herbal preparation would be needed over simple dietary fiber control. The request is not medically necessary.

**Dendracin lotion 120 ml:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, and OTC PDR, regarding Dendracin.

**Decision rationale:** This claimant was injured now 8 years ago reportedly from repetitive motion lifting pots. There is a VAS score drop of 3 points with the medicine, but no objective functional improvement out of the regimen documented. Dendracin is a compounded topical analgesic which contains Methyl Salicylate 30 percent Capsaicin 0.0375 percent, Menthol USP 10 percent and other proprietary ingredients. Chronic Pain Medical Treatment Guidelines note that topical analgesics are recommended as an option in certain circumstances. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without evidence-based guideline to support the formulation of capsaicin in the compounded Dendracin cream as well as no evidence of failure of first-line treatment, medical necessity is not established.

**Urine drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 43 of 127.

**Decision rationale:** This claimant was injured now 8 years ago reportedly from repetitive motion lifting pots. There is a VAS score drop of 3 points with the medicine, but no objective functional improvement out of the regimen documented. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. Therefore the request is not medically necessary.