

Case Number:	CM15-0107758		
Date Assigned:	06/12/2015	Date of Injury:	09/16/2004
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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, New York, 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 applicant is a represented 53-year-old [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 16, 2004. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Norco and topical Dendracin lotion. The claims administrator referenced a RFA form dated May 15, 2015 and an associated progress note of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of low back and right lower extremity pain. The applicant's pain complaints were described as severe stated in various section of note. Activities of daily living as basic as standing and walking remained problematic, it was reported. The applicant had undergone multiple failed lumbar spine surgeries, and a spinal cord stimulator implantation, as well as earlier failed epidural steroid injection therapy. The applicant was using Norco and topical Dendracin, it was acknowledged. The attending provider stated that the applicant's pain scores were reduced by 40% as a result of ongoing medication consumption. The attending provider then stated that the applicant's ability to perform self care, personal hygiene, and meal preparation had been ameliorated as a result of ongoing medication consumption. The attending provider stated that the applicant was able to ambulate up to three blocks with medications versus one block without medications. Norco, Naprosyn and Dendracin were endorsed, along with an epidural steroid injection. Lyrica was also sought. Transfers to and from appointments was proposed. The applicant was using a cane to move about, it was reported. In another section of the note, the attending provider stated that the applicant's pain score was 8/10 with medications.

The applicant's work status was not outlined, although it did not appear that the applicant was working. In a May 11, 2015 progress note, it was stated that the applicant was using five tablets of Norco daily and using a cane to move about.

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 opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not seemingly outlined on the date in question, June 4, 2015. It did not appear, however, that the applicant was working. The attending provider's commentary to the effect the applicant's ability to perform self care, personal hygiene, and/or meal preparation as well as of ongoing medication consumption does not constitute evidence of a meaningful, material and/or substantive improvement in function effected as a result of ongoing usage, and was, furthermore, outweighed by the attending provider's failure to document the applicant's work status and the attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing and walking without the aid of a cane. The attending provider likewise noted in another section of a June 4, 2015 progress note that the applicant's pain complaints were as high as 8/10, despite ongoing Norco usage. All of foregoing, taken together, did not make a compelling case for continuation of same. Therefore, the request is not medically necessary.

Dendracin lotion #240 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Dendracin Neurodendraxcin®, Topical Pain Relief

Lotiondaily.med.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?id=26892Dendracin Neurodendraxcin- methyl salicylate, menthol and capsaicin lotion. Physicians.

Decision rationale: Similarly, the request for topical Dendracin is likewise not medically necessary, medically appropriate, or indicated here. Dendracin, per the National Library of

Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes except in applicants who have failed to respond to and/or are intolerant to other treatments. Here, however, the attending provider's June 4, 2015 progress note suggested that the applicant was asked to restart Lyrica. The attending provider's decision to reintroduce Lyrica on June 4, 2015, thus, effectively obviated the need for capsaicin-containing Dendracin lotion in question. The applicant had employed the Dendracin lotion in question on multiple prior occasions, without seeming profit. The applicant's work status was not outlined, suggesting that the applicant had failed to return to work. Ongoing use of Dendracin failed to curtail the applicant's dependence on opioids agents such as Norco. Ongoing usage of Dendracin lotion failed to ameliorate the applicant's ability to ambulate about, it was acknowledged on both June 4, 2015 and on May 11, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.