MAXIMUS Federal Services

Case Number:	CM15-0141965		
Date Assigned:	07/31/2015	Date of Injury:	01/25/2013
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, Hawaii
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 67-year-old female, who sustained an industrial injury on January 25, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included pain management, epidural steroid injection, medication, MRI, x-rays, electro diagnostic study and physical therapy. Currently, the injured worker complains of bilateral low back pain that radiates to her right leg accompanied with numbness and tingling. The injured worker is diagnosed with lumbar radiculopathy secondary to multi-lumbar disc herniations and lumbar facet syndrome. The injured worker is retired. A note dated November 17, 2014 states the injured worker reported slight improvement after physical therapy, and rated her pain at 9 on 10. In a note dated May 21, 2015, the injured worker reported she experienced a greater than 50% relief in pain from the epidural steroid injection and her pain level was reduced from 8-9 on 10 to 4-5 on 10. The note also states, the injured worker was able to taper off and discontinue all opioid medications and is taking Anaprox 550 mg one to two times a day and topical Dendracin lotion. The note further states, that due to her current medication regimen, the injured worker is able to engage in activities of daily living, and experience improved function as her pain level decreases to 2-3 on 10 for hours at a time. Due to the documented relief from the following medications, Anaprox 550 mg #60 and Dendracin lotion 120 ml are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Overturned

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): 22, 67-68.

Decision rationale: The patient presents with diagnoses that include lumbar radiculopathy secondary to multi-lumbar disc herniation and lumbar facet syndrome. Currently the patient complains of bilateral low back pain that radiates to her right hip, right thigh and leg to the ankle accompanied with numbness and tingling. The patient has tapered off, discontinued all opioid medication, and has been medicating with Anaprox. The current request is for Anaprox (naproxen) 550mg #60. Anaprox is an NSAID. The treating physician states in the 5/21/15 (16B) treating report, "Continue Anaprox (naproxen sodium) 550 mg b.i.d. 60 tablets for 30 days relief of residual pain." MTUS does recommend NSAIDS for first line treatment to reduce pain. MTUS guidelines for medications for chronic pain state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." In this case, the clinical history provided notes the patient has been treating with Anaprox and that she "reports a decrease in pain with use of the medication that last for 2 or 3 hours at a time." The patient also reports "increased activities of daily living in that she can now perform personal hygiene, self-dressing and light to moderate housework without adverse effects." The current request is medically necessary.

Dendracin lotion 120ml: 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): 111-113.

Decision rationale: The patient presents with diagnoses that include lumbar radiculopathy secondary to multi-lumbar disc herniation and lumbar facet syndrome. Currently the patient complains of bilateral low back pain that radiates to her right leg accompanied with numbness and tingling. The patient has tapered off and discontinued all opioid medication. The current request is for Dendracin lotion 120ml. The treating physician states in the 5/21/15 (16B) treating report, "Continue Dendracin pain relief lotion 120 ml to apply topically three to four times daily without executions, substitutions." Dendracin is a compound topical analgesic made of Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol USP 10%. The MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that no studies have been performed on Capsaicin .0375%

formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The MTUS guidelines do not support the usage of Capsaicin .0375% formulation. Furthermore, Salicylate topical, an NSAID, is supported for peripheral joint arthritic and tendinitis type of problems only. This patient presents with lumbar pain for which topical NSAID is not indicated. The current request is not medically necessary.