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| Case Number: | CM15-0147418 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 10/22/2002 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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 45 year old female, who sustained an industrial injury on 10-22-2002. The injured worker was diagnosed as having chronic moderate to severe pain syndrome, chronic severe low back and left leg pain with numbness and weakness, chronic severe neck and upper extremity pain, chronic recurrent gastritis, status post bleeding secondary to gastroesophageal reflux disease, chronic intermittent moderate headache secondary to tension cephalgia, chronic intermittent abdominal pain secondary to medication use, and constipation secondary to medication use. Treatment to date has included diagnostics and medications. On 5-21-2015, the injured worker reported pain across both sides of the low back, left greater than right, with radiation down the left leg to foot and associated numbness. She also reported neck pain, with radiation to the upper extremities into both hands, with intermittent numbness and tingling. She reported moderate headaches lasting for several hours almost on a daily basis. She also reported intermittent abdominal pain associated with constipation. Constipation was improved with the use of Promolaxin. Hydrocodone-Acetaminophen reduced pain from 8-9 out of 10 to 4 out of 10, with relief lasting for several hours. She reported that Gabapentin reduced left leg pain from 8 out of 10 to 3-4 out of 10 for several hours. Fexmid was used for occasional muscle spasms. Anaprox was used between Hydrocodone-Acetaminophen and Protonix improved gastrointestinal symptoms. She also reported that Clonazepam improved her sleep. Urine toxicology reports from 1-2015 and 4-2015 were documented as consistent. Exam of the lumbar spine noted tenderness to palpation to the paraspinal musculature on the left at L5-S1 and left gluteal muscle (induration and positive twitch response), positive straight leg raise bilaterally,

decreased sensation of the left L4-S1 dermatomes, and 4 out of 5 strength in the left gastrocnemius, anterior tibialis, and extensor hallucis longus. She appeared slightly anxious but not angry, hostile, or tearful. Dendracin lotion was dispensed. The use of Clonazepam was noted since at least 12-2014. Clonazepam was requested again on 6-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with low back and neck pain. The current request is for Clonazepam 2mg #60. The RFA is dated 06/15/15. Treatment to date has included diagnostics and medications. The patient is currently not working. Clonazepam belongs to the Benzodiazepine class of medications. MTUS Chronic Pain Medical Treatment Guidelines, page 24 has the following regarding Benzodiazepines: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." According to progress report 05/21/15, the patient presents with neck and low back pain. Examination of the lumbar spine noted tenderness to palpation to the paraspinal musculature on the left at L5-S1 and left gluteal muscle, positive straight leg raise bilaterally, decreased sensation of the left L4-S1 dermatomes, and 4/ 5 strength in the lower extremities. The patient reported that medications provided reduced pain and Clonazepam, in specific, improved her sleep. The patient was instructed to continue Clonazepam for anxiety and insomnia. The patient has been prescribed Clonazepam since 09/19/14. MTUS guidelines do not support the use of Benzodiazepine medications for longer than 4 weeks due to a rapid loss of efficacy and dependence risk. The requested 60 tablets, in addition to prior use, do not imply the intention to limit this medication to short-duration use. Therefore, the request is not medically necessary.

Retrospective: Dendracin lotion 120ml (DOS 5/21/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111, 29. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov: dendracin.

Decision rationale: This patient presents with low back pain with radiation down the left leg to foot and associated numbness. The current request is for Retrospective: Dendracin lotion 120ml (DOS 5/21/15). The RFA is dated 06/15/15. Treatment to date has included diagnostics and medications. The patient is currently not working. Per dailymed.nlm.nih.gov, The National Library of Medicine, National Institutes of Health state that Dendracin is a compound of Capsaicin .0375%, Menthol 10%, and Methyl Salicylate. MTUS Guidelines pages 111 has the following regarding topical creams: "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis." MTUS, pg. 29, Capsaicin, topical, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." According to progress report 05/21/15, the patient presents with neck and low back pain. Examination of the lumbar spine noted tenderness to palpation to the paraspinal musculature on the left at L5-S1 and left gluteal muscle, positive straight leg raise bilaterally, decreased sensation of the left L4-S1 dermatomes, and 4/ 5 strength in the lower extremities. MTUS states that topical NSAID is supported for peripheral joint arthritis and tendinitis and not for axial or spinal pain. This patient suffers from chronic neck and low back pain and does not meet the indication for a topical NSAID. In addition, 0.0375% formulation of capsaicin is not supported by MTUS for topical use in lotion form. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.