

<b>Case Number:</b>	CM15-0168988		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 41-year-old female who sustained industrial injuries on August 10, 2009 resulting in sharp pain in her left wrist and hand, and low back pain, with subsequent pain in her right wrist and both elbows. Diagnoses have included bilateral carpal tunnel syndrome, and lumbosacral neuritis or radiculitis. Documented treatment includes carpal tunnel release on the left then right wrist, with at least 6 sessions of physical therapy after each surgery helping improve her grip strength, an unspecified number of lumbar epidural injections with the last being in 2013 which had been reported as providing temporary relief, and medication. The injured worker continues to experience pain and stiffness in both wrists and states she has numbness and tingling which radiates up to her elbows. She also reports constant low back pain with radiating numbness and tingling down both legs to her feet. Symptoms are reported to become worse with prolonged sitting or standing. She has not worked since several days after she sustained the injuries. The treating physician's plan of care includes Lumbar epidural injections under fluoroscopic imaging for L3-4 and L4-5 which have been declined due to no objective findings to support medical necessity; 80 tabs of Hydrocodone-Acetaminophen 10-325 mg. which have been modified to 36 tabs for the purpose of tapering; 60 tabs of Naproxen 550 mg. which the utilization reviewer declined stating it should only be used short term and there are risks with long term; and, Dendracin 120 ml. which was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 10/325mg (Hydrocodone/Acetaminophen (APAP)) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Naproxen Sodium 550mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Naproxen Sodium (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity

of the requested medication has not been established. The request for Naproxen Sodium is not medically necessary.

**Dendracin 120ml QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics.

**Decision rationale:** Dendracin (neurodendracin) is a brand name topical medication containing capsaicin, Menthol, and Methyl Salicylate. According to the California MTUS Guidelines (2009), topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Dendracin lotion contains methyl salicylate, menthol and capsaicin. In this case, there is a lack of documentation that the injured worker is intolerant of other treatments or has failed to respond to other treatments. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In addition, the ODG notes that a new alert from the FDA warns that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin may, in rare instances, cause serious burns. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.

**Lumbar Epidural Injection under Fluoroscopic Imaging L3-4 QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there are no reported objective neurological findings or complaints of pain in a dermatomal pattern consistent with radiculopathy. In addition, there no MRI findings presented that reveal nerve compression. Medical necessity for the requested L3-L4 ESI under fluoroscopy has not been established. The requested ESI is not medically necessary.

**Lumbar Epidural Injection under Fluoroscopic Imaging L4-5 QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there are no reported objective neurological findings or complaints of pain in a dermatomal pattern consistent with radiculopathy. In addition, there no MRI findings presented that reveal nerve compression. Medical necessity for the requested L4-L5 ESI under fluoroscopy has not been established. The requested ESI is not medically necessary.