

Case Number:	CM15-0181799		
Date Assigned:	09/23/2015	Date of Injury:	05/28/2014
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female with an industrial injury dated 05-28-2014. Medical records reviewed indicate she is being treated for chronic pain syndrome secondary to persistent lumbar radiculopathy due to disk herniation of lumbar 4-5 with documented neural foraminal stenosis and nerve root compromise at lumbar 4-5, chronic pain syndrome secondary to chronic musculoligamentous sprain lumbar spine, chronic pain syndrome secondary to chronic musculoligamentous strain cervical spine, rule out cervical radiculopathy secondary to cervical disk herniation, left knee pain consistent with sub-acute tendonitis bursitis, facial and truncal dermatitis consistent with rosacea and anxiety and depression related to chronic pain. Subjective complaints (08-10-2015) included pain in "multiple areas," primarily in the low back with pain radiating into the legs, associated with numbness and weakness. The injured worker also complained of pain in neck radiating to the upper extremities with numbness and weakness. Her pain level is documented as an "aggravated 8." "The pain is aggravated after standing or sitting for just a few minutes, bending or twisting." The treating physician documented the injured worker "has extreme difficulty with simple activities of daily living including personal hygiene, self-dressing, light to moderate housework, food preparation and taking care of her small children." However, with Hydromorphone 2 mg twice daily, the patient reports that her pain level drops to a 2 or 3 for hours at a time. The treating physician notes the injured can perform the above listed activities of daily living with her medication. "The patient continues to report anxiety and reports significant improvement of her anxiety with Lorazepam 1 mg twice daily." Physical exam findings (08-10-2015) revealed reduced lumbar range of

motion was reduced. There was "moderate to severe" tenderness over the lumbar paravertebral and gluteal muscles. Prior treatments included physical therapy, anti-inflammatories, chiropractic treatment and medications. Past medications included Tramadol which was discontinued on 02-19-2015 and Hydrocodone-Acetaminophen discontinued 06-04-2015. Her current medications include Dilaudid (at least since 06-04-2015), Lorazepam at least since 05-06-2015 and Dendracin topical analgesic at least since 12-04-2014. The treating physician documented the California CURES report on 08-07-2015 "confirmed the patient is only receiving opioid analgesics from me." "The patient denies any adverse effects including sedation, nausea, vomiting or mood change." The patient has never demonstrated any aberrant behaviors or behaviors consistent with addiction related to these medications. The treatment request is for Dilaudid 2 mg quantity 60, Lorazepam 1 mg quantity 60 and Dendracin Lotion 120 ml quantity 1. On 08-21-2015 the request for Dilaudid 2 mg quantity 60, Lorazepam 1 mg quantity 60 and Dendracin Lotion 120 ml quantity 1 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg quantity 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): Benzodiazepines.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for chronic radiating neck and radiating low back pain with secondary depression. Medications are referenced as decreasing pain from 8/10 to 2-3/10 and allowing for activities of daily living and for her to be able to take care of her children. When seen, there had been improvement after an epidural steroid injection. Medications side effects were constipation and dyspepsia. Physical examination findings included mild mid epigastric tenderness. There was decreased cervical and lumbar range of motion with moderate to severe tenderness. There was decreased right shoulder range of motion. There was right shoulder tenderness. There was left lower extremity weakness with decreased sensation and she had an antalgic gait. Medications were continued. Lorazepam was being prescribed for anxiety. Dilaudid was prescribed at a total MED (morphine equivalent dose) of 16 mg per day. Lorazepam is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Dendracin Lotion 120ml quantity 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 rationale: The claimant sustained a work injury in May 2014 and is being treated for chronic radiating neck and radiating low back pain with secondary depression. Medications are referenced as decreasing pain from 8/10 to 2-3/10 and allowing for activities of daily living and for her to be able to take care of her children. When seen, there had been improvement after an epidural steroid injection. Medications side effects were constipation and dyspepsia. Physical examination findings included mild mid epigastric tenderness. There was decreased cervical and lumbar range of motion with moderate to severe tenderness. There was decreased right shoulder range of motion. There was right shoulder tenderness. There was left lower extremity weakness with decreased sensation and she had an antalgic gait. Medications were continued. Lorazepam was being prescribed for anxiety. Dilaudid was prescribed at a total MED (morphine equivalent dose) of 16 mg per day. The formulation of Dendracin being requested is a combination of capsaicin, methyl salicylate, and menthol in a DMSO base. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Dilaudid 2mg quantity 60: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for chronic radiating neck and radiating low back pain with secondary depression. Medications are referenced as decreasing pain from 8/10 to 2-3/10 and allowing for activities of daily living and for her to be able to take care of her children. When seen, there had been improvement after an epidural steroid injection. Medications side effects were constipation and dyspepsia. Physical examination findings included mild mid epigastric tenderness. There was decreased cervical and lumbar range of motion with moderate to severe tenderness. There was decreased right shoulder range of motion. There was right shoulder tenderness. There was left lower extremity weakness with decreased sensation and she had an antalgic gait. Medications were continued. Lorazepam was being prescribed for anxiety. Dilaudid was prescribed at a total MED (morphine equivalent

dose) of 16 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain and improved activities of daily living and activity tolerance as well as an improved quality of life in terms of being able to provide care for her children. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.