

Case Number:	CM15-0188217		
Date Assigned:	10/01/2015	Date of Injury:	12/16/2014
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 32 year old male who reported an industrial injury on 12-16-2014. His diagnoses, and or impressions, were noted to include: lumbar strain and disc protrusion; left knee sprain; left shoulder sprain and diffuse degeneration of the superior labrum. No current imaging studies were noted. His treatments were noted to include: physical therapy; a home exercise program; orthopedic surgeon consultation for left knee injection therapy; medication management; and a return to modified work duties as of 8-24-2015. The progress notes of 8-24-2015 reported a follow-up visit for : continued extreme low back pain, rated 9 out of 10 and at times became unbearable; that he received a lumbar injection the Wednesday prior that provided no relief and caused bone pain; a new burning pain in the low back; that he started taking medication again but could not get to sleep because of extreme pain in the left shoulder and left knee; that he receive an injection in the left knee on the 14th of that month without noted improvement, and made his pain worse, going up to a 9 out of 10; and that his medication did not result in very much of a reduction at all. The objective findings were noted to include: that he could barely go up to 90 degrees in abduction, internal-external rotation, with restricted extension in his left shoulder, with positive left Neer's and Hawkins tests; a slight limped gait; an inability to perform heel and toe ambulation due to instability; exquisite tenderness throughout the lumbar para-vertebrals, worse at lumbar 3-4, 4-5 and lumbar 5-sacral 1; restricted and painful lumbar range-of-motion and side-to-side tilt; incomplete left side straight leg raise due to severe knee pain; decreased knee and ankle jerks; that he lacked extension and flexion in the left knee and was wearing a brace with a patellar window; and severe tenderness on medial and inferior

pole of the left patella. The physician's requests for treatment were noted to include changing is medication to include Trezix (acetaminophen, caffeine and dihydrocodeine Bitartrate, 2 tablets every 4 hours as needed, not to exceed more than 10 tablets per day, #60; and Dendracin lotion containing methyl salicylate 30%, menthol 10 % and capsaicin 0.025%, #120 gram. The Request for Authorization, dated 8-24-2015, was noted to include Dendracin lotion 120 grams. The Utilization Review of 8-25-2015 non-certified the request for Dendracin Neurodendracin #120 DS: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trezix #90 DS: 30: 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, criteria for use.

Decision rationale: Trezix is acetaminophen, caffeine, and dihydrocodeine. The MTUS and ODG guidelines are silent on the use of this specific medication. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of dihydrocodeine nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that opiate agreement was discussed with the injured worker, however there was no evidence of UDS or CURES report to monitor compliance. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Dendracin Neurodendracin #120 DS: 30: 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: Dendracin contains capsaicin, menthol, and methyl salicylate. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." Capsaicin may have an indication for chronic pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis." MTUS also states "Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.