

Case Number:	CM15-0025211		
Date Assigned:	02/17/2015	Date of Injury:	01/17/2001
Decision Date:	04/08/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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, Arizona

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 55-year-old female who reported an injury on 01/17/2001. The diagnosis included degeneration of cervical intervertebral disc. The injured worker underwent a right knee arthroplasty on 11/03/2014. The injured worker had utilized opiates since at least 10/2014. The surgical history additionally included a cervical spine fusion and a lumbar spine fusion and a right shoulder rotator cuff repair. The current therapies included physical therapy. The injured worker had utilized Robaxin since at least 11/2014. The documentation of 01/02/2015 revealed the injured worker had a right knee arthroplasty on 11/03/2014 and had home physical therapy. The injured worker had completed 4 out of 12 sessions. The injured worker had been attempting to reduce gabapentin; however, the decrease in dose caused extremity twitching. The injured worker had increased low back pain due to a change in ambulation. The injured worker had discomfort in the right knee and a complaint of left shoulder pain. Current medications included Exalgo for baseline relief, Dilaudid for breakthrough pain, gabapentin for neuropathic pain, and Robaxin for muscle spasms. The injured worker indicated that her pain was a 7/10 to 8/10 with the use of medication and without medications a 10+/10. The injured worker had 20% to 30% improvement in pain with her current medication regimen. The injured worker indicated she was able to walk longer distances, following both her low back and right knee replacement surgery. Without medications, the injured worker was unable to tolerate walking. With medication, the injured worker could walk 10 to 15 minutes at a time and perform activities of daily living, including personal hygiene, showering, and dressing by herself. There was no evidence of drug seeking behavior and there were no intolerable side effects. The current medications included

Exalgo 16 mg twice a day, gabapentin 300 mg 4 times a day, Dilaudid 8 mg 3 times a day for moderate to severe pain, and Colace for constipation. The physical examination revealed +1 to +2 muscle spasms of the lumbar spine, left greater than right. The injured worker underwent urine drug screens. The request was made for a continuation of Exalgo 16 mg twice a day, Dilaudid 8 mg up to 3 times per day, gabapentin 300 mg 3 times a day to 4 times a day for neuropathic pain, Senna/docusate sodium 2 three times a day as needed for opioid induced constipation, and Robaxin for muscle spasms. Additionally, the request was made for Dendracin lotion for the treatment of neuropathic pain complaints. Oral medications were noted to have significant side effects, including GI side effects and have not been beneficial. As such, the request was made for Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was documentation of objective functional improvement. However, the injured worker continued to have spasms; as such, the efficacy of the medication was not proven. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Robaxin 500 mg #90 is not medically necessary.

Dendracin Lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Capsaicin, Topical Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dendracin, Online Drug Insert.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in injured workers who have not responded or are intolerant to other treatments. 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. Indications: There are positive randomized studies with capsaicin cream in injured workers with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in injured workers whose pain has not been controlled successfully with conventional therapy. The clinical documentation submitted for review indicated the injured worker had significant side effects with medications and a request was made for Dendracin lotion. However, there was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants as it was indicated the injured worker was utilizing gabapentin. Additionally, there was a lack of documentation of exceptional factors to warrant the formulation of capsaicin over 0.025%. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Dendracin lotion 120 mL is not medically necessary.

Exalgo 16mg 1 by mouth twice per day #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective improvement in function, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review meets the above criteria. Given the above, the request for Exalgo 16 mg 1 by mouth twice per day #30 is medically necessary.

Dilaudid 8mg 1 by oral three times per day as needed #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective improvement in function, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical

documentation submitted for review meets the above criteria. Given the above, the request for Dilaudid 8 mg by oral 3 times per day as needed #45 is medically necessary.