

Case Number:	CM15-0059013		
Date Assigned:	04/03/2015	Date of Injury:	05/10/1999
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 (IW) is a 43-year-old male who sustained an industrial injury on 05/10/1999. Diagnoses include lumbar radiculopathy. Treatment to date has included medications, epidural steroid injections (ESI), acupuncture, chiropractic therapy and physical therapy. Diagnostics performed to date included x-rays and MRIs. A review of the office visit for the requested date of service, 2/22/14, shows the IW had complaints of pain across the low back with occasional tingling in the lower legs. A request was made for retrospective Dendracin and Sertraline, prescribed for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dendracin, #20 (DOS: 2/22/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Non-steroidal antiinflammatory agents (NSAIDs); Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with L4-L5 annular tear and lumbago. The request is for retrospective DENDRACIN, #20 (DOS: 2/2/12). This topical contains Salicylate, Menthol and Capsaicin. RFA is not available. The patient is to return to work on 02/03/15 with no restrictions per 01/29/15 report. The MTUS Guidelines page 111 has the following: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems. In this case, the treater does not provide any discussion regarding how this topical is being used with what efficacy. Furthermore, it contains Salicylate, an NSAID, which is only indicated for short-term to address peripheral joint arthritis/tendinitis problems. This patient presents with low back pain for which this topical is not indicated. The request IS NOT medically necessary.

Retrospective sertraline 50mg, #30 (DS: 2/22/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Low Back Pain: Chronic Page(s): 13, 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 15.

Decision rationale: This patient presents with L4-L5 annular tear and lumbago. The request is for retrospective SERTRALINE 50mg #30 (DOS 02/22/12). RFA is not available. The patient is to return to work on 02/03/15 with no restrictions per 01/29/15 report. MTUS page 15 states that "a systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear" SSRIs have not been shown to be effective for low back pain" SSRIs do not appear to be beneficial." In this case, the patient complains of low back pain with no documentation of neuropathic pain for which an antidepressant may be indicated. There is no documentation of depression, anxiety DO or PTSD. The treater does not explain why this medication is being prescribed and with what effectiveness. SSRI's are not indicated for low back pain per MTUS. The request IS NOT medically necessary.