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| <b>Case Number:</b>   | CM14-0185570 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 11/04/2012 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 11/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 27-year old male patient with a date of injury on 11/4/2012. The injury occurred when he fell on a hard floor as he tried to stop a fight. In a progress note dated 11/3/2014, the patient had unchanged pain in the lumbar area. He continued to experience pain and spasms, bilateral leg pain, and paresthesia. He also had difficulty with heavy lifting. In a 9/10/2014 progress report, the low back pain was still present, which radiated down to the legs, with extreme numbness and tingling. The patient was prescribed oxycodone/APAP 10/325mg 1Q8H in addition to Norco 10/325 1q6h prn pain. Objective findings: lumbar spasms, tenderness to palpation in lumbar area, and guarded motion due to pain. The diagnostic impression showed lumbosacral radiculopathy, lumbosacral strain, lumbosacral degenerative disc disease, and cervical strain. Treatment to date: medication management, behavioral modification, physical therapy, epidural steroid injections, and acupuncture. A UR decision dated 11/7/2014 denied the request for Dendracin 120ml with 2 refills, nortriptyline 25mg #60 with 2 refills, methocarbamol 750mg #30 with 2 refills, and oxycodone /APAP 10/325mg #90. Regarding these medications, the rationale regarding the denials were not located in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120 ml (2 refills): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Dendracin

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA state that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, in the present case, there was no evidence that this patient failed first line oral analgesics. Furthermore, guidelines do not support local anesthetics in topical formulations, and there was no discussion regarding how this particular compound would benefit the patient. It was also unclear if this patient has failed over the counter formulations of salicylates, such as Ben Gay or Icy Hot. Therefore, the request for Dendracin 120 ml with 2 refills is not medically necessary.

**Nortriptyline 25mg 60 (2 refills):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Antidepressants

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. In a progress note dated 9/10/2014, the patient complained of symptoms consistent with neuropathic pain. He reported paresthesia, in addition to numbness, tingling, and radiating pain. Therefore, the request for nortriptyline 25mg #60 with 2 refills is medically necessary.

**Methocarbamol 750mg #30 (2 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall

improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the 11/3/2014 progress report, there was no documentation of an acute exacerbation of pain. Furthermore, this patient had been on methocarbamol since at least 9/10/2014, and guidelines do not support long term use. Therefore, the request for methocarbamol 750mg #30 with 2 refills is not medically necessary.

**Oxycodone/APAP 10-325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 11/3/2014 progress report, there was no documentation of functional improvement noted from the opioid regimen. Furthermore, there were no urine drug screens, CURES monitoring, or an opioid pain contract provided for review. Therefore, the request for oxycodone/APAP 10-325mg #90 is not medically necessary.