

Case Number:	CM14-0186193		
Date Assigned:	11/14/2014	Date of Injury:	07/15/2011
Decision Date:	12/31/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 female patient with a date of injury of July 15, 2011. A utilization review determination dated October 21, 2014 recommends non certification of Gabapentin 600 mg #30 with modification to #20 for weaning purposes, Tylenol #3 #60, CM4 CAPS 0.055 plus Cyclo 4% compounded topical, Dendracin cream. A progress note dated September 24, 2014 identifies subjective complaints of numbness in the right leg to the toes, and in her right arm to her right hand. Patient has occasional neck pain. She currently rates her low back/leg pain at a 6-7/10 on the pain scale which she describes as a constant aching pain. The patient is currently taking Tylenol #3 about two times per day as needed, Gabapentin 600 mg two times a day, and uses Dendracin cream. The patient states that the medications help to decrease her pain and increase her activities around the house. The medication decreases her pain from 8/10 to 6/10 on the pain scale. The patient denies any side effects to the medications. The physical examination of the lumbar spine reveals decreased range of motion during forward flexion, and decreased sensation at L5 and S1 dermatomes on the right. The diagnoses include right lumbar radiculopathy L5, S1 dermatome with recurrent lateral disc narrowing, and status post MLD L5-S1 with recurrent disc herniation. The treatment plan recommends Gabapentin 600 mg #30, CM4 caps 0.055+cyclo 4%, Tylenol #3 #60, and a pain psychological consultation for psych clearance for spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 600mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding the request for Gabapentin 600mg #30, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of reduction of pain and improved function. As such, the currently requested Gabapentin 600mg #30 is medically necessary.

Prescription of Tylenol #3 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tylenol #3 #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain and function, and there is documentation regarding side effects. However, there is no discussion regarding aberrant use. A one-month prescription of medication should allow the requesting physician time to document those things. As such, the currently requested Tylenol #3 #60 is medically necessary.

Prescription Of CM4 Caps 0.055 Plus Cyclo 4% Compounded Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Anesthetic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for CM4 CAPS 0.055 plus Cyclo 4% compounded cream, Chronic Pain Medical Treatment Guidelines state that any compounded product that

contains at least one drug or drug class that is not recommended. MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. As such, the currently requested CM4 CAPS 0.055 plus Clyclo 4% compounded cream is not medically necessary.

Dendracin Cream (Unknown prescription): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Dendracin cream, Dendracin is a combination of methyl salicylate, menthol, and benzocaine (according to drugs.com). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment but not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), Guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. And there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical benzocaine. In the absence of clarity regarding those issues, the currently requested Dendracin cream is not medically necessary.