

Case Number:	CM14-0216370		
Date Assigned:	01/06/2015	Date of Injury:	03/03/2007
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old male with a date of injury of March 3, 2007. He sustained an injury when he missed a step and fell. Diagnosis include chronic low back pain, s/p bilateral carpal tunnel release, and depression. Per the progress Report dated November 5, 2014, he had complaints of low back pain and left arm and hand pain, difficulty sleeping and depression. Physical examination revealed tenderness at the volar aspect, tenderness throughout the thoracic and lumbar paravertebrals worse at L4-L5 and L5-S1 with a positive straight leg raise test on the right. Work status was documented as modified work duty. Treatment plan was noted to include Fenoprofen, dendracin lotion, and celexa. Treatment has included magnetic resonance imaging (MRI), x-rays, chiropractic treatment, physical therapy, and diagnostic studies. MRIs and X-rays were not provided. He has undergone bilateral carpal tunnel release. Utilization Review form dated December 2, 2014 non certified Dendracin lotion 120 gm, 30 tablets of celexa 10mg, and 60 tablets of Fenoprofen 400 mg due to noncompliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

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

Decision rationale: Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed?. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended?? Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA MTUS, Chronic pain treatment guidelines. With this, it is deemed that the medical necessity of Dendracin lotion 120gm is not established for this patient.

Celexa 10mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): Page 107.

Decision rationale: Celexa contains citalopram which is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines, SSRIs (selective serotonin reuptake inhibitors) are SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. ?? Patient has chronic low back and left arm/hand pain, difficulty sleeping with depression. The pt has carpal tunnel syndrome and has surgery for that . He also has a positive straight raise leg test which is evidence of nerve related pain as well as psychological symptoms. The request for Celexa 10mg quantity 30 is medically necessary and appropriate for this patient.

Fenoprofen 400mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): page 22.

Decision rationale: Fenoprofen is an NSAID. According to CA MTUS, Chronic pain medical treatment guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the records provided patient is having pain over the low back and left arm/hand with history of bilateral wrist surgery. He has a positive straight leg raise test which is an abnormal objective finding. Use of NSAIDS like fenoprofen is medically appropriate and necessary to manage his chronic pain. With this, it is deemed that Fenoprofen 400mg quantity 60 is medically necessary and appropriate for this patient.