
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

12/17/2011

7/22/2013

CM13-0002270

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bottle of Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 tablets of Morphine sulfate instant release 15 mg 1-2 tablets every day **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bottle of Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 60 tablets of Morphine sulfate instant release 15 mg 1-2 tablets every day **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

“The patient is a 49-year-old male who sustained an injury on 12/17/11 after he fell off a ladder (as per nurse's clinical summary). He is currently diagnosed with neuropathic pain in the right wrist status post open reduction internal fixation/ external fixator placement; status post bilateral shoulder injury; lumbar spine sprain/strain with disc protrusions and bilateral foraminal stenosis per MRI of 9/6/12; bilateral knee internal derangement with anterior cruciate ligament rupture, chondromalacia and meniscus tear; and elevated liver function testing per test dated 11/17/12. A request for medications is made (including one bottle of Dendracin lotion 120 mL and 60 tablets of morphine sulfate IR 15 mg to be taken 1 to 2 tablets every day). The records submitted for review include the DWC Form RFA dated 7/5/13 and progress report dated 6/11/13. Treatments rendered to date include lumbar Epidural Steroid Injections (on the left L4 5 and L5-S1 on 5/30/13; and on the right L4-5 and L5-S1 on 2/28/13), left knee arthroscopic surgery on 5/3/13, Acupuncture, crutches, right hand/wrist surgery and medications. The lumbar MRI study dated 9/6/12 showed a 4 mm disc protrusion with moderate bilateral foraminal stenosis at L4-L5, and a 5 mm disc protrusion with moderate to severe bilateral foraminal stenosis at L5-S1.

The progress report dated 6/11/13 states that the patient complains of left-sided low back pain and left lower extremity symptoms. There is persistent numbness and tingling in the lower extremities, left more than the right. He also has bilateral knee pain, right wrist and forearm pain, and bilateral shoulder pain. It was mentioned that the patient has found the medication management of only moderate benefit as most medications

were discontinued (Norco, Neurontin and naproxen) secondary to elevated liver enzymes. His current medications include morphine sulfate IR 15 mg 1-2 tablets per day for severe pain and Dendracin lotion for neuropathic pain in the right wrist and lower extremities. The patient's pain was reported to decrease from 10/10 to 6/10 with the use of medications. He reports having moderate functional improvement with his current medications and previous Epidural Steroid Injection. Physical examination showed that the patient has a stiff and aching right hand and wrist, lumbar spine, and bilateral lower extremities. Continued medications were recommended (MSIR 15 mg 1-2 tablets per day for severe pain and Dendracin lotion). As to the request for morphine sulfate, there was no indication in the records that routine urine drug screens were previously performed to ensure compliance with the medication regimen, to substantiate the current request for continued prescription. Based on these grounds, the medical necessity of the requested 60 tablets of morphine sulfate IR 15 mg is not substantiated. As to the request for Dendracin lotion, evidence-based literature to support the use of this compounded medication is not found to substantiate the request. The referenced guidelines state that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As not all components of the requested Dendracin lotion has supported use for treatment of the patient's condition, the medical necessity of the requested one bottle of Dendracin lotion 120 mL is not established."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee Medical Records from [REDACTED]
- Medical treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 bottle of Dendracin lotion 120ml:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics section, which is a part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 12/17/2011. The employee is diagnosed with neuropathic pain to the right wrist status post open reduction and internal fixation; status post bilateral shoulder injury; lumbar spine sprain/strain with disc protrusions, bilateral foraminal stenosis, bilateral knee internal derangement with anterior cruciate ligament rupture, chondromalacia and meniscus tear. The request is for 1 bottle of Dendracin lotion of 120ml.

MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Additionally, the guideline indicates that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate the employee was unable to utilize most oral medications due to elevated liver enzymes. The medical records lack documentation indicating when the employee began utilizing Dendracin lotion for neuropathic pain complaints. The request for 1 bottle of Dendracin lotion 120ml **is not medically necessary and appropriate.**

2) Regarding the request for 60 tablets of Morphine sulfate instant release 15 mg 1-2 tablets every day:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Oral Morphine section and Opioids section, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 78 and 93, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 12/17/2011. The employee is diagnosed with neuropathic pain to the right wrist status post open reduction and internal fixation; status post bilateral shoulder injury; lumbar spine sprain/strain with disc protrusions, bilateral foraminal stenosis, bilateral knee internal derangement with anterior cruciate ligament rupture, chondromalacia and meniscus tear. The request is for 60 tablets of Morphine sulfate instant release 15 mg 1-2 tablets every day.

The MTUS Chronic Pain Medical Treatment Guidelines indicate morphine sulfate is seen as an effective method in controlling chronic pain and is often used for intermittent or breakthrough pain. Additionally, the guideline indicates 4 domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief; side effects; physical and psychosocial functioning; and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The medical records provided for review did not contain documentation supporting the long-term necessity of the employee's utilization of morphine sulfate as a recent urine drug screen was not provided to support compliancy nor was the efficacy of the medication, side effects or aberrant drug taking behaviors detailed in the submitted records. The request for 60 tablets of Morphine sulfate instant release 15 mg 1-2 tablets every day **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

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