

<b>Case Number:</b>	CM13-0010841		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 35-year-old male who reported an injury on 09/22/2010. The injured worker indicated a bathtub fell on his left leg. The injured worker had a clinical evaluation on 07/08/2013. He appeared in no apparent distress, alert and oriented, and ambulating with a cane. The examination includes a heel and toe walk without difficulty, tenderness to palpation of the lumbar paravertebral musculature, more on the left side, tenderness to palpation at the greater sciatic notch on the left side, somewhat diminished sensation to light touch on the left L5 dermatomes, and otherwise the injured worker has sensory intact of the bilateral lower extremities of the L2-S1 levels. The assessment includes a diagnosis of lumbar strain and cervical strain. The treatment plan included use of topical Dendracin for pain, the possibility of an epidural steroid injection for left-sided radicular symptoms, and the injured worker is encouraged to continue with NSAIDs for pain with the addition of omeprazole for prophylactic GI care. The documentation submitted with this review includes several visits between 04/2013 and 08/2013 for ultrasound therapy to the lumbar spine. The injured worker demonstrated pain relief from a 5/10 to a 4/10 with this therapy. The Request for Authorization of Medical Treatment is not provided and a rationale for the request of a prospective ultrasound of the lumbar is also not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN 120ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The injured worker uses NSAIDs and Dendracin was included in the treatment plan for additional pain relief. However, the clinical documentation fails to indicate the injured worker's pain on a scale of 1 to 10 and the effectiveness of the NSAIDs currently being used. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain. Dendracin contains capsaicin at 0.0375%. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available at 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over 0.025% formulation would provide any further efficacy. The documentation fails to indicate that the injured worker was intolerant to other treatments. The medication requested, Dendracin, includes capsaicin at 0.0375%. Therefore, the prospective request for Dendracin 120 mL is not medically necessary.

**ULTRASOUND OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate ultrasound therapy is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The injured worker does not have significant pain relief from the history of ultrasound therapy sessions. As such, according to the guidelines and because the request is for unknown ultrasound of the lumbar without an indication of visits, the prospective request for the ultrasound of the lumbar is not medically necessary.