

Case Number:	CM13-0014912		
Date Assigned:	12/18/2013	Date of Injury:	05/05/2000
Decision Date:	02/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. 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 physician 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:

Patient is a 49 year old male who sustained an injury on 5/5/2000 when he fell on his back. Patient has undergone an anterior posterior lumbar fusion on 2/2001. Patient has undergone disk replacement 7/2005. Bilateral L4-L5 facet rhizotomy on 3/23/2009, a posterior fusion L4-L5 with revision of lumbar laminectomy with bilateral foramenotomy and nerve root decompression and posterior osteotomy on 7/28/10. He has had a Lumbar Epidural injection 2/1/2012, and a spinal cord stimulator trial 3/21/13. As of his latest note by his primary treating physician, he continues to be symptomatic with chronic low back pain and left lower radicular pain. He notes increasing weakness in the left lower extremity and increasing sharp pain in the low back and left groin. Patient has burning lancinating type pain consistent with persistent neuropathic pain predominantly in the left leg. He is currently on Norco 10/321 1-2 q4-6 hours maximum six per day, Neurontin 600mg three times a day, Fortesta 80 mg daily, Ibuprofen 600 mg three times a day, Wellbutrin 100mg daily, Prozac 40 mg daily and Lunesta 3 mg at bedtime. He rates his pain 6/10 with use of medication, without medication his pain is 10/10. Physical exam on 11/13/13 revealed bilateral lumbar paraspinal tenderness, range of motion restricted to 50% of normal, positive straight leg raise exam on the left at 40 degrees and on the right at 50 degrees. His Left leg shows 3/5 strength of the left extensor hallucis longus, 2/5 on the right. He has foot drop and requires an AFO brace for the right leg. Sensory exam revealed hypesthesia over left lateral thigh and plantar aspect of the left foot in the left L5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

Decision rationale: Dendracin lotion is a combination of Capsaicin 0.0375%, Menthol 10%, Methyl Salicylate 30%. MTUS chronic pain medical treatment guidelines state topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Methyl Salicylate is addressed in the MTUS chronic pain treatment guidelines and states "Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." Menthol is not addressed by the MTUS guidelines but is a component of Ben-Gay used in the above example. MTUS Chronic pain guidelines under Topical Capsaicin states "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Based on the Capsaicin formulation being the higher 0.375% formulation, as well as lack of peer reviewed clinical studies showing a greater benefit of a combination of Capsaicin, Methyl Salicylate, and Menthol compared to a topical single agent such as over the counter Methyl Salicylate or oral agents, the request is denied.