

<b>Case Number:</b>	CM13-0016610		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

The patient is a 64 year old female with a date of injury of 5/2/2005. The patient presented on 7/29/2013 for a follow-up evaluation. The patient stated that her chronic pain was unchanged, but she was working full-time as tolerated. The patient stated that she uses a hot and cold wrap and takes her medications as needed. The patient asked for a refill of Vicodin, which she has had a number of months. An objective examination revealed tenderness along the right shoulder and along the low back. The provider noted pain with facet loading of greater than 10 degrees. The patient was observed to walk with a slight limp. The diagnoses were stated as right shoulder pain status post arthroscopic repair of rotator cuff, left shoulder with partial rotator cuff tear (no surgery), low back pain and discogenic cervical condition with facet inflammation. The provider prescribed Vicodin 500mg, naproxen sodium 550mg, Dendracin lotion 120ml topical cream and 20 Medrox patches. The patient was to follow-up in 4 weeks. At issue is whether the request for Dendracin lotion 120 mL, 60 Vicodin 5/500 mg, and 20 Medrox patches was medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion 120mL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** Dendracin lotion is a topical analgesic with the following active ingredients: relief of mild pain due to muscular strain, arthritis, and simple back pain. Methyl Salicylate 30%; Capsaicin 0.025%; Menthol 10%. It is recommended for temporary relief of pain. According to MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Although MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines page 112 to 113, made no mention of Menthol as a recommended topical analgesic, however literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. The patient is currently taking Naproxen 550mg twice per day, there is no documentation that this treatment has failed; besides there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder hence the prescription of dendracin lotion is not medically necessary.

**twenty (20) Medrox patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112-113.

**Decision rationale:** The compound Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management. Although MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines page 112 to 113, made no mention of Menthol as a recommended topical analgesic, however literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the

most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. The patient is currently taking Naproxen 550mg twice per day, there is no documentation that this treatment have failed, besides there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder hence the prescription of twenty Medrox patch is not medically necessary.

**Vicodin 5/500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76.

**Decision rationale:** According to Chronic Pain Medical Treatment Guideline MTUS (2009) hydrocodone/ APAP is recommended for moderate to moderately severe pain. The long-term use of opioid medications is generally not recommended due to the associated risk of significant adverse effects. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. This patient has not been taking opioid medication on a regular basis, and has been coping very well with her pain on Naproxen, since she has returned to her regular work; hence the request for Vicodin 5/500 is not medically necessary.