

Case Number:	CM13-0016776		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2000
Decision Date:	03/06/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 49-year-old male who reported injury on 04/13/2000. The patient was noted to have low back and lower extremity neuropathic pain spasms. The patient was noted to report increase of tremors and muscle spasms. The patient was noted to be taking Dendracin lotion for lower extremity neuropathic pain. The patient was additionally noted to be taking MS Contin, Cymbalta, Soma, and Norco. Per the submitted documentation, the patient was noted to have significant functional improvement with current medications including an improved ability to ambulate, improved ability to participate in activities of daily living, and self care issues. Without medication, the patient noted that he was primarily confined to either a bed or chair and had a limited ability to care for himself. The patient rated the pain a 4/10 with medication and without medication 9/10. The patient's diagnoses were noted to include postlaminectomy syndrome of the lumbar region, and the request was made for Dendracin lotion

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion: 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 Salicylates, Topical Analgesics Page(s): 105, 111.

Decision rationale: According to the California MTUS, Topical Salicylates are recommended and topical analgesics are largely experimental in use 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. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review indicated that the patient failed other medications for neuropathic pain, including gabapentin, Lyrica, and amitriptyline. It was indicated that all of these medications were discontinued secondary to significant side effects, which included sedation and memory deficits. The patient was noted to have failed trials of oral antiepileptic medications for neuropathic pain and oral antidepressants, and these statements were made in the appeal to the denial. There was, however, a lack of documentation of the objective functional benefit received by the medication itself, as the medications were noted to be MS Contin, Cymbalta, Soma and Norco. Additionally, per the submitted request, the request for Dendracin lotion failed to include a quantity. Given the above, the request for Dendracin lotion is not medically necessary.