

Case Number:	CM13-0020027		
Date Assigned:	10/11/2013	Date of Injury:	01/30/2009
Decision Date:	01/27/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 claimant is a 49 year old male injured worker with date of injury 1/30/09 complains of right shoulder pain. He has been diagnosed with lumbar spine radiculopathy, muscle spasm, fibromyalgia/myositis, and thoracic spine pain. It is noted that he has had an MRI performed in the past, but there is no documentation of its findings in the submitted records. The injured worker has been treated with medications including opiates, anti-epileptics, and muscle relaxants, as well as TENS unit, physical therapy, chiropractor treatments. He is monitored via random UDS and CURES, which have shown he is consistent with his prescribed medication regimen and there is no evidence of multiple prescribers. The date of UR decision was 8/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription for 120 gm Dendracin 0.025%-30%-10% lotion 1 gm: Upheld

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

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

Decision rationale: Dendracin contains capsaicin, menthol, and methyl salicylate. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105,

"Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." Capsaicin may have an indication for chronic pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis..." MTUS also states, "Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, than the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.