

Case Number:	CM13-0020261		
Date Assigned:	03/26/2014	Date of Injury:	12/04/2007
Decision Date:	05/07/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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, has a subspecialty in Interventional Spine 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 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:

This is a 55 year-old male who was injured on 12/04/2007. He has been diagnosed with lumbar sprain/strain with degenerative disc disease and severe central canal stenosis at L3/4, L4/5 and L5/S1 and severe neuroforaminal stenosis per MRI of Feb. 2009; Left L5 radiculopathy and bilateral S1 radiculopathy per EMG/NCV of 8/14/09; lumbar facet arthropathy left L4/5 and L5/S1 s/p repeat facet rhizotomy on 3/28/13 with dramatic reduction in axial back pain. According to the 7/15/13 pain management/anesthesiology report from [REDACTED], the patient presents with low back pain. He is getting chiropractic care and had repeat left L4/5, and L5/S1 RFA on 3/28/13. His back pain is 1/10. He has been stable over the last month. On 8/22/13 UR recommended against use of Dendracin lotion and naproxen 550mg bid. On the 12/3/13 report, [REDACTED] states without medication, the pain is 9/10 and with the medication it often reduces to 2-3/10, but currently was 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION - TOPICAL ANALGESIC COMPOUND: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Biofreeze.

Decision rationale: Dendracin is methyl salicylate, benzocaine and menthol. MTUS gives a general statement about compounded products stating that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS has some support for methyl salicylate under the salicylate topical section. MTUS did not discuss menthol, so ODG guidelines were consulted. ODG guidelines, under Biofreeze, states the active ingredient in Biofreeze, is menthol, and it is recommended only for acute pain, and takes the place of ice packs. The patient is reported to have chronic low back pain and is not in the acute phase. ODG guidelines do not recommend use of menthol for chronic pain. Therefore, the whole compound topical, Dendracin, that contains menthol, is not recommended for this chronic condition.

NAPROXEN 550MG TWICE A DAY - QUANTITY: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The patient presents with chronic back pain. He has been using naproxen and the pain is reported to decrease 30% or from 9/10 to 6/10. MTUS states that a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. The request for continued use of naproxen appears to be in accordance with MTUS guidelines.