

Case Number:	CM13-0022916		
Date Assigned:	11/15/2013	Date of Injury:	08/04/2005
Decision Date:	02/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice and is licensed to practice in Texas. 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:

This patient is a 55-year-old injured worker who reported an injury on 08/04/2005. The notes indicate that the patient's mechanism of injury was a fall from a stepladder, with the patient having immediate pain to the arms and upper back. The notes indicate that the patient underwent their first lumbar surgery on 10/2008 with a spinal fusion at L4-5 and L5-S1. This was noted to have not alleviated the patient's symptoms to a significant degree, and the patient underwent revision lumbar surgery with fusion in 03/2009 with hardware placement. The notes indicate prior treatment with lumbar epidurals with only temporary relief. The notes indicate that the patient was currently utilizing a TENS unit, and additional complaints of the patient included shooting pain into the distal lower extremity laterally and into the great toe as well as the sole of the foot with numbness of the left foot. Physical examination of the patient noted palpable trigger points in the muscles of the head and neck specifically and in the bilateral levator scapulae and trapezius as well as decreased anterior flexion of 45 degrees. Extension of the cervical spine was to 45 degrees with right lateral rotation and left lateral rotation of the cervical spine to 60 degrees. Evaluation of the lumbar spine indicated paraspinal muscle tenderness, trigger points in the lumbar paraspinal muscles and right quadratus lumborum. The treatment plan notes indicated that the patient was given a refill of medications and was recommended for the continued use of a TENS unit. Medications listed in the treatment plan included Norco and tramadol as well as Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Dendracin 025% 30% 10% 360ml, dispensed on 8/6/13: Upheld

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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation DENDRACIN NEURODENDRAXCIN (methyl salicylate ... - DailyMed

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. 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. The California MTUS Chronic Pain Medical Treatment Guidelines also states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. Additionally, the CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. Based on the documentation submitted for review, the current formulation in Dendracin lotion of capsaicin is a 0.0375% formulation. The California MTUS Guidelines, while supporting the recommendation for salicylate topicals, indicate that the current formulation indicated for the patient's Dendracin lotion exceeds the recommendation of the guidelines as there is no clear indication that a formulation of 0.0375% of capsaicin versus the standard formulation of 0.025% provides any further efficacy. The retrospective request for 1 prescription of Dendracin 025% / 30% / 10% at 360 mL, dispensed on 8/6/13, is not medically necessary and appropriate.