

Case Number:	CM13-0024157		
Date Assigned:	11/20/2013	Date of Injury:	03/16/2001
Decision Date:	02/05/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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 Medicine, has a subspecialty in Preventative 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 female claimant sustained an injury on 3/16/200, which resulted in chronic cervical and low back pain. She had received lumbar epidural steroid injections that had improved her pain by 40 percent. An MRI in May 2013 showed lumbar disc desiccation, L5-S1 central stenosis, and minimal facet disease of the L5-S1 area. She also had cervical disc bulging. An exam note on June 10, 2013, indicated that she was using Dendracin lotion and Medrox patches for pain along with Norco. In June, she received an epidural steroid injection for her cervical spine. A note on July 8, 2014 indicated that the claimant had significant mid-back pain and noted thoracic mid level muscle spasms and trigger point areas. An MRI that was reviewed from June 22, 2013, which showed thoracic disc desiccation. According to the notes, the mid back pain has been going on for months and a fluoroscopic facet block was recommended along with local trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at T4-5, T5-6 combined with trigger point injection in the parathoracic region:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter: Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The MTUS/ACOEM guidelines indicate that trigger point injections are not recommended in the thoracic region. Manipulation, back exercises, activity modification and optional epidural steroid injections are more appropriate. Non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen can be considered as well for strain. The use of trigger point and facet block in the thoracic region is not medically necessary.

Medrox patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to the Chronic Pain Guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.

Dendracin lotion 120m: 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 rationale: The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The guidelines also indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Dendracin contains .0375% Capsaicin, 30% Methyl Salicylate and 10% Menthol. According to the guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. Furthermore: the product contains salicylate - a non-steroidal anti-inflammatory drug (NSAID). According to the guidelines, topical NSAIDs are indicated for osteoarthritis and tendinitis and are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain, and

there is no evidence to support use. Since the medication contains an analgesic, and NSAID, which is not indicated for the claimant's back /paraspinal pain, and a higher than needed amount of capsaicin, the topical use of Dendracin is not medically necessary.

Analgesic cream: gabapentin, cyclobenzaprine, lidoderm: 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 rationale: The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, and 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. 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. There is little to no research to support the use of many of these agents. The guidelines also indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, according to the guidelines, Gabapentin is not recommended topically. There is no peer-reviewed literature to support its use. Since the cream contains a component that is not recommended, the cream is not medically necessary.