

Case Number:	CM13-0027295		
Date Assigned:	03/14/2014	Date of Injury:	08/20/2004
Decision Date:	05/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] who has submitted a claim for degenerative lumbar/lumbosacral intervertebral disc associated with an industrial injury on August 20, 2004. Treatment to date has included oral and topical analgesics, physical therapy and lumbar surgery. Utilization review dated August 26, 2013 denied request for Dendracin cream due to no documentation of failure of other treatments and modified request for Norco 10/325 mg TID #90 to #60 due to suggested tapering. Review of medical records from 2013 shows that the patient has been complaining of persistent low back pain radiating to the bilateral buttocks down to the left leg. On a progress report dated February 14, 2013, patient was given a topical mixture of capsaicin 0.0375%, menthol 10%, camphor 2.5% and tramadol 20% to be applied on the lumbar area where the pain was greatest. Frequency of application was not stated. Patient denied significant pain relief and stated that the pain was relieved for only 10 minutes upon application of the said topical mixture based on a progress report dated March 19, June 4 and July 2, 2013. The patient has been taking Norco for pain as far back as 2006. In a progress report dated August 13, 2013, the patient has increased complaints of pain and reported that the Gabapentin did help relieve the radicular complaints but stated that the Norco, taken three times daily, was no longer providing significant relief of the lower back pain. Physical exam demonstrated decreased range of motion for the lumbar spine. There was slight decrease in motor strength in the left lower extremity. There was decreased sensation for the L4, L5, and S1 dermatomes. Specific response to previous treatment was not assessed throughout the progress reports made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, capsaicin in a 0.0375% formulation is not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin cream contains methyl salicylate 30%, capsaicin 0.0375%, menthol USP 10%. CA MTUS Chronic Pain Treatment Guidelines states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. CA MTUS Chronic Pain Treatment Guidelines state that topical salicylate (eg. Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain (Mason-MNJ, 2004). However, the guidelines also state that Salicylates are NSAIDS with efficacy that appears inconsistent; with most studies being small and of short duration. In this case, the compounded product contains a drug class that is not recommended and there is no discussion concerning failure or intolerance of oral medications. Specific response to previous Dendracin treatment was not assessed. Dendracin cream is therefore not medically necessary.

NORCO 10/325MG TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, capsaicin in a 0.0375% formulation is not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin cream contains methyl salicylate 30%, capsaicin 0.0375%, menthol USP 10%. CA MTUS Chronic Pain Treatment Guidelines states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. CA MTUS Chronic Pain Treatment Guidelines state that topical salicylate (eg. Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain (Mason-MNJ, 2004). However, the guidelines also state that Salicylates are NSAIDS with efficacy that appears inconsistent; with most studies being small and of short duration. In this case, the compounded product contains a drug class that is not recommended and there is no discussion concerning failure or intolerance of oral medications. Specific response to previous Dendracin treatment was not assessed. Dendracin cream is therefore not medically necessary.

