

Case Number:	CM13-0041770		
Date Assigned:	01/15/2014	Date of Injury:	08/21/2001
Decision Date:	04/09/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and DC. 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 patient is a 54-year-old male who sustained an injury on 08/21/2001 to his low back and left knee. The mechanism of the injury is not noted in the provided documentation. The patient has a history of status post back surgery in 2001. In a progress report dated 1/15/2013 it was noted that the patient was experiencing a worsening in his back pain which was attributed to the cold weather. On examination on that date of service there was tenderness in the lower lumbar paravertebral musculature; forward flexion was to 30 degrees and extension was to 10 degrees and lateral bending was to 30 degrees. The strength in the lower extremities was globally intact. The patient was diagnosed with post lumbar fusion L5-S1, lumbar spinal stenosis L4-5, left knee baker's cyst, and probable neurogenic claudication. In the most recent progress report provided dated 9/24/2013, the patient had chronic low back and left knee conditions for which he has attempted lumbar surgery and medication. The current subjective findings included continued severe low back and left knee pain, weakness in the legs and difficulty standing or walking for prolonged periods. The patient notes functional improvement and pain relief with medication. Objective findings include ambulation with a cane, difficulty standing from seated position, decreased lumbar range of motion, tenderness of the left patellar facets and fullness of the popliteal fossa. The patient had diagnoses of L5-S1 fusion with residuals, lumbar stenosis L4-5, probable neurogenic claudication, and baker's cyst in the left knee. At issue is the request for Dendracin 120ml, #3 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml, #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/13) Topical analgesics

Decision rationale: Dendracin lotion is a topical analgesics with the following active ingredients: Methyl Salicylate 30%; Capsaicin 0.025%; and Menthol 10%. It is recommended for temporary relief of pain. It is indicated for the relief of mild pain due to muscular strain, arthritis, and simple back pain. According to CA-MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no documentation that this is the case with this patient. The guidelines further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not mentioned in both CA-MTUS/ACOEM and ODG-TWC as an approved for chronic pain management agent. 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. Therefore the request for Dendracin 120ml#3 is not medically necessary.