

Case Number:	CM13-0042437		
Date Assigned:	03/05/2014	Date of Injury:	02/01/2011
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Rehabilitation 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 a 38-year-old female who was injured on 02/01/2011. She started feeling excruciating pain while typing in both hands and in the wrist area that went to the forearm up to the elbow. Prior treatment history has included physical therapy, hot and cold wrap, TENS unit, an ergonomic evaluation, brace, and medication. The patient underwent carpal tunnel surgery on her left hand. She received a right carpal tunnel injection performed 05/27/2011. The 02/18/2014 medications include Venlafaxine, Acetadryl, Tramadol, Topamax, LidoPro lotion, and Omeprazole. Diagnostic studies reviewed include MRI of the left wrist performed 08/08/2013 revealed osseous contusion or ligamentous/tendinous tears. If symptoms persist or if there is strong clinical suspicion for injury to the intrinsic ligaments of the wrist, consider follow up arthrogram to further assess, as clinically indicated. Electrodiagnostic study performed 05/10/2013 revealed: 1. Evidence of left demyelinating median mononeuropathy across the wrists affecting the sensory but not the motor components and no signs of axonal loss. This is an improvement from the prior electrodiagnostic (EDX) study in 2011, which showed involvement of both sensory and motor components. There are no signs of prior denervation and subsequent reinnervation to the median innervated distal musculature 2. The right median sensory and motor latencies are unchanged from the prior study. 3. These findings are consistent with mild left greater than right carpal tunnel syndrome. The left side has improved from the prior study likely due to consistent brace use and surgical intervention. The right side is unchanged. 4. No evidence suggestive of cervical radiculopathy or plexopathy. The request for authorization note dated 08/23/2013 documented the patient to have complaints of constant pain in bilateral wrist. The pain is rated at 6-7/10. The pain in the left wrist is greater than right. The right elbow pain is intermittent throughout the day. She has spasms in bilateral hands, left worse than right. She also had numbness and tingling in bilateral hands. The patient manages full-time work. She tells me

that the pain disrupts her sleep. She uses braces at night to support and for pain reduction. Objective findings on exam revealed tenderness in the posterior wrist on the left. Her range of motion of bilateral wrist is satisfactory; however, she has more discomfort movement on the left. The right elbow extends to 170 degrees and flexes to approximately 160 degrees. The patient was diagnosed with carpal tunnel syndrome bilaterally and epicondylitis on the right. The patient was instructed to use Dendracin lotion 120 ml for topical use for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION 120ML QUANTITY 1.00: Upheld

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

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

Decision rationale: Dendracin is a topical analgesic containing capsaicin 0.0375%, Menthol 10%, and Methyl Salicylate 30%. As per CA MTUS guidelines, "capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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." Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Dendracin lotions 120 ml is not medical necessary and non-certified.