

Case Number:	CM13-0045565		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2002
Decision Date:	03/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 patient is a 67-year-old female who sustained an injury on 11/18/2002 to her lumbar spine when she fell at work. The patient had spine surgery on 09/01/2011. Prior treatment included physical therapy, injection and medications: Lisinopril, Levothyroxine, Glyburide, Atenolol, Citalopram, Cephalexin, Metformin, Atorvastatin, Sulfamethoxazole-Trimethoprim, Omeprazole, Prednisone, Isosorbide Dinitrate, Phenergan, Lovastatin, Colace, Norco, and Dendracin cream #3. Thoracic Spine x-ray dated 10/09/2011 showed slight compression deformity posterior superior aspect T7 most likely chronic. To exclude acute fracture the Dr. recommended comparison to old radiographs. Marked anterior and right lateral osteophytic spurring mid to lower thoracic spine. Spinous processes not adequately visualized for evaluation. If there was still clinical consideration for acute fracture of the thoracic spine MRI scan or CT scan thoracic spine would be of value. Cervical spine x-rays dated 10/09/2011 showed no fractures were identified. The vertebral alignment was normal. There was moderate loss of height of the C5-C6 and C6-C-7 discs, with mild posterior bone spurring. The other disc spaces were normal. Prevertebral soft tissues normal. Left lower extremity ultrasound scan dated 10/05/2011 showed the common femoral, profunda femoris, femoral popliteal and proximal tibial veins were evaluated with color flow scanning. doppler flow signals were normal. There were no filling defects indentified. No evidenced of superficial thrombophlebitis was found. A clinic note dated 10/21/2013 indicates she presented with 90% improvement after injections that is still ongoing. On physical exam, her gait was non-antalgic, no assistive devices used for walking. Lumbar spine exam was normal 5/5 strength in lower extremity. Sensory decreased to light touch, pinprick and temperature over right L5 and S1 dermatomes. DTRs 2+ bilateral knees and ankles. SLR bilateral negative for radicular signs and symptoms at 30 degrees.

Treatment plan was refill Dendracin cream, #3, 1 drops, Transdermal BID prn, 30 days, 1 refill and Colace capsule, sodium 100 mg, 1 cap, orally, BID, 30 days, #60, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream #3: 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 Section Topical Analgesics. Page(s): 111-113.

Decision rationale: Dendracin cream consists of methyl salicylate 30%, menthol 10%, and capsaicin 0.025%. Per Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety, and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This patient has chronic neuropathic pain, but the medical records provided lack documentation of a failed trial of oral antidepressants and anticonvulsants, and no rationale is provided. Medical necessity has not been established. Dendracin cream is non-certified.