

Case Number:	CM13-0057277		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2008
Decision Date:	04/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 injured worker is a female with date of injury 7/25/2008. Per primary treating physician's progress report, the injured worker has a history of low back and lower extremity pain with radicular pain. She wants to proceed with surgery since both her condition and pain are worsening. She is instructed to lose 120 pounds before the surgery can be performed. Her pain remains the same since the last visit, which is severe. Her current pain level remains 8-10/10 and is fairly constant with varying intensity. She reports pain radiating down bilateral lower extremities, with numbness/tingling and weakness. She is using Diclofenac and Dendracin cream for pain control with moderate results. On exam the gait is non-antalgic and there are no assistive devices for walking. She is able to sit for 15 minutes without any limitations or evidence of pain. Lumbar spine range of motion is restricted in all planes with increased pain. Muscle guarding is also noted. Diagnoses include 1) lumbar disc with radiculitis 2) degeneration of lumbar disk 3) low back pain. Lumbar spine disc protrusion at L4-5 and L2-3; Lumbar spine neuroforaminal compression due to disc facet complex multiple levels lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL DENDRACIN CREAM, 1, AS DIRECTED QD PRN 60 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: Dendracin lotion contains the active ingredients methyl salicylate 30%, capsaicin 0.0375%, and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Dendracin lotion is not recommended.