MAXIMUS Federal Services

Case Number:	CM13-0057734		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2011
Decision Date:	03/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, and is licensed to practice in Arizona. 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 injured worker is a 36-year-old man without significant past medical history. The date of injury is listed from 9/27/10-9/27/11 with a diagnosis of elbow, wrist, neck and low back pain. The requested treatment date is 9/13/13 for Dendracin topical analgesic #120. The injured worker had surgical intervention for his elbow on 11/7/12 and this included open exploration and debridement of the lateral epicondyle with osteophyte excision and repair of the ECRB (extensor carpi radialis brevis and ECRL (extensor carpi radialis longus). The physician progress notes from 9/12/13, when the treatment under review was prescribed, is not included in the medical records for review. Progress notes from the treating orthopedic surgeon available for review include dates 6/18/13, 5/8/13, 3/28/13, 2/28/13, 2/11/13 and 1/6/13. Physical therapy notes are reviewed and the operative report dated 11/7/12 is reviewed. On 6/18/13 treating physician listed diagnoses including elbow pain and chronic low back pain and is treating with narcotic pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dendracin #120 DOS: 9/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 29, 105, & 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.dailymed.nlm.nih.gov, Dendracin Neurodendraxcicin, Active ingredients

Decision rationale: The patient is being treated with oral narcotic pain medications for chronic low back pain and elbow pain. Dendracin topical analgesic lotion #120 was prescribed by the treating orthopedic surgeon on 9/13/13 and was denied by utilization review on 10/25/13. According to www.dailymed.com dendracin topical contains three active ingredients including capsaicin cream 0375%, methyl salicylate 30% and menthol 10%. Regarding capsaicin cream the MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0375% formulation and there is nocurrent indication that this increased concentration over a 0.025% formulation would provide any further efficacy. Indications for capsaicin include osteoarthritis, fibromyalgia and chronic non-specific back pain but is considered experimental in very high doses. Therefore capsaicin cream is not medically necessary as there is no documentation that the patient has tried and failed other treatments and the prescribed concentration of capsaicin is considered experimental without proven benefit over lower concentrations. The MTUS is silent regarding menthol. Regarding methyl salicylate the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. However, the MTUS also states that regarding compounded topical analgesics, any coumpounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore since capsacin topical is not medically necessary Dendracin topical #120 is not medically necessary.