

Case Number:	CM13-0060025		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2008
Decision Date:	05/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 57-year-old female with a date of injury of 02/25/2008. The injured worker has diagnoses of lumbar musculoligamentous sprain/strain, 2 mm disc bulging/endplate osteophyte chronic complexes at L3-S1 levels, along with disc degeneration and facet arthropathy at L5-S1 level, and bilateral knee patellofemoral arthralgia with grade I medial and lateral meniscectomy tears, unchanged, not re-evaluated. The injured worker was seen on 10/07/2013 for re-evaluation. The injured worker does have complaints of increasing lower back pain. The injured worker states she is working; however, in a modified duty capacity and does not attribute her work duties to her back pain. On physical exam, the physician noted mild tenderness to palpation with spasms present over the paraspinal musculature bilaterally. There is midline tenderness over the lumbosacral junction. Straight leg raising test elicits increased back pain bilaterally. Range of motion of the lumbar spine is flexion 42 degrees, extension 8 degrees, right side bending 12 degrees, and left side bending 17 degrees. On neurological exam, the physician noted sensory to pin prick and light touch in the lower extremities was intact, and no motor weakness was noted in the major muscles tested in the lower extremities. X-rays were completed at this office visit and they did reveal a decrease in disc space at L5-S1, along with degenerative facet changes at L5-S1. Previous MRI of 11/2009 revealed 2 mm disc bulging with endplate osteophyte complexes at L3-4, L4-5, and L5-S1, along with facet hypertrophy at L5-S1. The injured worker has had increased lower back pain for several months and has not been able to adequately control it with the use of ibuprofen. The physician does note that they do feel this is a mild flare-up of her lower back residual and is requesting physical therapy 3 times a week for 4 weeks to return her to pre flare-up status. The physician is also prescribing Norco as needed for pain, Fexmid 7.5 mg 2 times a date to help control spasms, and Dendracin lotion to apply to her painful musculature. The injured worker is to followup in 4 weeks to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION #1: Upheld

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

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

Decision rationale: The ingredients of this compound are Methyl Salicylate 30%, Capsaicin 0.0375%, and Menthol USP 10%. The MTUS Chronic Pain Guidelines do note, for topical analgesics, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The compound in the Dendracin cream is capsaicin, which is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation to support that the patient has not responded to other treatments. Also, the request as submitted failed to provide the frequency of the medication to determine necessity. Therefore, the request is not medically necessary and appropriate.