

Case Number:	CM13-0061286		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2012
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Pain Medicine 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 patient is a 41-year-old female who reported an injury on 03/13/2012. The mechanism of injury was noted to be repetitive motion. She is diagnosed with right cervical facet syndrome and cervical discopathy at the C4-5 and C5-6 levels with intermittent right upper extremity radiculopathy. Her symptoms are noted to include pain in her cervical spine, with radiating pain to her right bicep and right shoulder pain radiating to the upper arm. Her medications are noted to include Singulair, Flexeril, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION 120 UNITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and the Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 and 105.

Decision rationale: According to the Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines also state that compounded products containing at least one (1) drug that is not recommended, are not recommended. Dendracin lotion is noted to include capsaicin 0.0375%, methyl salicylate

30%, and menthol 10%. The Chronic Pain Guidelines indicate that topical salicylates have been shown to be significantly better than placebo in chronic pain. However, in regard to topical capsaicin, the guidelines state that use of topical capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, the guidelines state that 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 benefit. The clinical information provided for review failed to provide details regarding medications that the patient was intolerant to or did not respond to in order to warrant use of topical capsaicin. Therefore, despite the Guidelines indicating that salicylate topicals are recommended, topical capsaicin 0.0375% is not supported. Therefore, the requested compounded topical analgesic is not supported.