

Case Number:	CM13-0063736		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2009
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 patient is a 58-year-old female who reported an injury on 06/26/2009. The mechanism of injury involved repetitive heavy lifting. The patient is currently diagnosed with bilateral S1 radiculopathy and degenerative spondylolisthesis with moderate stenosis. The patient was seen by [REDACTED] on 10/22/2013. The patient reported exacerbation of low back pain with radiation to the right lower extremity. Physical examination revealed tenderness in the lower lumbar paravertebral musculature with diminished range of motion, positive straight leg raising, and intact strength. Treatment recommendations included a prescription refill for Dendracin lotion and Tylenol with codeine No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DENDRACIN LOTION 120ML, #2: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain with radiation to the right lower extremity. There was also no indication of a failure to respond to first line oral medication prior to the request for a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.