

Case Number:	CM14-0001381		
Date Assigned:	01/22/2014	Date of Injury:	02/11/2009
Decision Date:	06/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 69 year old male who injured his lower back from 2/11/04 to 2/11/09. He was later diagnosed with chronic low back pain from lumbar degenerative disc disease with radiculopathy. An MRI was done on 9/29/09 which revealed L4-L5 and L5-S1 4.5 disc protrusions causing moderate to marked right and moderate left neural foraminal narrowing at the L5-S1 level. He was treated with epidural injections, physical therapy, exercises, interferential unit, oral medications including opioids, NSAIDs, muscle relaxants, topical analgesics, and proton pump inhibitors for his stomach. He later was seen for a routine visit on 11/21/13 with his pain specialist physician who reported on physical examination stiff gait, mild leg length discrepancy on the right, and tenderness to palpation of posterior lumbar musculature with rigidity, as well as decreased sensation along the posterolateral thigh and posterolateral calf on the left in the approximate L5-S1 distribution with sitting straight leg raise test being positive. On this visit he was represcribed his usual medications including Norco, FexMid, Anaprox, Prilosec, Dendracin, and added on Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 120ML: 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: Dendracin contains methyl salicylate (essentially an NSAID), Benzocaine, Capsaicin, and Menthol and is used as a topical analgesic. The MTUS Chronic Pain Guidelines state that topical analgesics may be recommended as an option, but are experimental in use with few controlled trials for efficacy or safety, especially when compounded topical analgesics are concerned. Topical salicylates are recommended and are significantly better than placebo in chronic pain according to the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines mentions use of lidocaine, which is in the same drug class as Benzocaine, for topical use and is recommended for neuropathic pain after there has been evidence of first-line therapy (including tri-cyclic or SNRI anti-depressants or an antiepileptic). Lidocaine and similar drugs are not recommended for non-neuropathic pain. Capsaicin, used topically, is recommended as an option in patients who have not responded or are intolerant to other first-line treatments, according to the MTUS Chronic Pain Guidelines. All medications prescribed must be reviewed and documented as to how they are specifically improving pain and function in order to justify continuation over other therapies. In this case, the treating physician documented in more than one note that the worker "is on or has trialed anticonvulsant and/or antidepressant medications", but no evidence in the notes provided was found as to which of these medications were trialed and if they failed and why. The documentation provided for review did not document functional improvement from Dendracin use. Therefore, without this documentation, the request for Dendracin 120 ml is not medically necessary and appropriate.