

Case Number:	CM14-0008278		
Date Assigned:	02/10/2014	Date of Injury:	05/01/2008
Decision Date:	08/05/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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:

Patient is a 48-year-old female who has submitted a claim for cervical disc disease, cervical radiculopathy, status post bilateral shoulder arthroscopy, and status post right elbow surgery associated with an industrial injury date of 05/01/2008. Medical records from 2013 were reviewed. Patient complained of pain at the cervical and lumbar spine, rated 6-7/10 in severity, described as dull and burning. Pain radiated to bilateral upper and lower extremities. Patient likewise complained of headache. Physical examination showed multiple trigger points, tenderness, and muscle spasm at bilateral trapezius. Range of motion of the cervical and lumbar spine was restricted. Spurling sign was positive bilaterally. Sensation was diminished at the right C6 dermatome. Weakness of the right C7 to T1 myotomes was noted. Reflexes were normal. Treatment to date has included bilateral shoulder arthroscopy, right elbow surgery, trigger point injection, home exercise program, and medications such as tramadol, Fexmid, Dendracin lotion, Tylenol, and Fioricet. Utilization review from 01/14/2014 denied the request for Dendracin lotion because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOP LOTION 120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Salicylate; Topical Analgesics Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin lotion contains three active ingredients which include: Methyl Salicylate 30%, Capsaicin 0.0375%, and Menthol 10%. Regarding Capsaicin in a 0.0375% formulation, California MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding Menthol component, California MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, patient was prescribed Dendracin since December 2013. However, there was no discussion of intolerance to oral medications warranting a need for topical drug. Moreover, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin contains capsaicin in 0.0375% formulation, which is not recommended. Therefore, the request for Dendracin top lotion 120 ml is not medically necessary.