

<b>Case Number:</b>	CM14-0009902		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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:

This 66 year old patient had a date of injury on 6/25/2008. The mechanism of injury was not noted. On a physical exam on 12/23/2013, the patient has neck pain associated with cervicogenic headache. The patient complains of headaches and pains over the hands and neck. Objectively, the patient shows mild tenderness on palpation of the abdomen and does not appear to be in acute distress. Diagnostic impression shows nausea of uncertain etiology, peptic ulcer disease related to side effects of NSAID medications, rule out side effects of medication such as Norco and other anti-muscular spasm medications. Treatment to date: medication management, behavioral modification. A UR decision on 1/15/2014 denied the request for Anaprox 550mg and Dendracin 120ml. The MTUS guidelines recommend NSAIDs for only for short term usage. In addition, the patient has medication-induced GI symptoms and the provider documented he discontinued all the patient's NSAID medications. Dendracin lotion contains methyl salicylate, capsaicin, and menthol. The California MTUS chronic pain medical treatment guidelines for topical analgesics indicates, "any compounded products that contains at least one drug(or drug class) that is not recommended is not recommended." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. As the capsaicin is not supported, the Dendracin lotion is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox ds 550 mg, two times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Pain Chapter: NSAIDs.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. The patient has documented medication-induced GI symptoms and the provider documented he discontinued all the patient's NSAID medications. Therefore, the request for Anaprox DS 550mg, two times a day, as needed, is not medically necessary.

**Dendracin cream 120 ml, three times daily:** Upheld

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

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

**Decision rationale:** A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no clear rationale as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Dendracin was not medically necessary.