

Case Number:	CM14-0010534		
Date Assigned:	02/21/2014	Date of Injury:	02/02/2001
Decision Date:	07/14/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 63-year-old female, who has submitted a claim for lumbar spine sprain and strain with bilateral lower extremity radiculopathy, osteoarthritis and right knee osteoarthritis associated with an industrial injury date of February 2, 2001. Medical records from 2013 were reviewed, which showed that the patient complained of severe bilateral knee pain and low back pain radiating into the left lower extremity. On physical examination of the lumbar spine, tenderness was noted over the bilateral paravertebral muscles, quadrates lumborum and lumbosacral joint. An examination of the left leg showed positive straight leg raise (SLR) in the popliteal fossa. Tenderness was noted over the medial and the lateral joint lines, as well as on the patellar region. The McMurray's test was positive medially. An MRI of the Lumbar Spine done on December 9, 2013, showed transitional S1 vertebra, moderate facet arthropathy at L5-S1, with no central canal narrowing. At the level of L5-S1, there were 3 mm biforaminal disc protrusions with abutment of the exiting right and left L5 nerve roots. Treatment to date has included vicodin, prilosec, zanaflex, doxepin, norco, and aquatic therapy. A utilization review from January 22, 2014 denied the request for, one (1) prescription for dendracin, because documentation did not provide evidence that the patient had been non-responsive or intolerant to other treatments and medications. There was not enough study to support their use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR DENDRACIN: Upheld

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

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

Decision rationale: Dendracin contains the following active components: capsaicin, methyl salicylate, and menthol. The Chronic Pain Guidelines indicate that analgesics are recommended as an option. However, it is experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that salicylate topicals are significantly better than placebo in chronic pain. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding the Menthol component, the guidelines do not cite specific provisions. The Official Disability Guidelines indicate that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, the patient has been prescribed with Dendracin in order to limit the use of non-steroidal anti-inflammatory drugs (NSAIDs), and lessen its side effects due to the chronicity of use. However, the records reviewed did not show that the patient experienced gastrointestinal side effects that may warrant use of topical formulation. Likewise, there was no failure of treatment secondary to analgesics. In addition, the dose, duration and frequency of the drug was non-specific. Therefore, the request for is not medically necessary.