

Case Number:	CM14-0033231		
Date Assigned:	06/20/2014	Date of Injury:	02/17/1987
Decision Date:	09/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 66-year-old male who has submitted a claim for Degeneration of intervertebral disc associated with an industrial injury date of February 17, 1987. Medical records from 2013 were reviewed; there are no recent progress notes available for review. A progress note dated 12/16/2013 showed that the patient complained of neck pain radiating to the upper and lower back areas and occasionally into the left arm associated with numbness and tingling over the left 4th and 5th finger. PE revealed decreased lumbar range of motion, tenderness of the interspinous ligaments at L4-L5 and L5-S1, positive SLR, slight sensory deficits along the C5, C6, L4 and L5 dermatomes bilaterally, absent neuromuscular deficits and normal DTRs. Treatment to date has included cervical ESI (which provided patient with almost 7 months of relief), lumbar ESI, home based restorative exercises, topical Dendracin, and hydrocodone acetaminophen. Utilization review from February 20, 2014 denied the request for MEDICATION: DENDRACIN PAIN RELIEF LOTION 0.25 OUNCE 120ML because the medical records submitted were old and there was no evidence of failed trials of anticonvulsants and antidepressant therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 0.25 ounce 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: According to the 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, CA 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, CA MTUS does not cite specific provisions, but the 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, CA 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. Finally, there is no recent progress notes to determine the current state of the patient. Therefore, the request for Dendracin lotion 0.25 ounce 120 ml is not medically necessary or appropriate.