

<b>Case Number:</b>	CM14-0056292		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine and is licensed to practice in Georgia. 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 injured worker is a 51-year-old male who experienced back pain while performing work duties on September 24, 2012. He experienced lower back pain that radiated to his legs and was associated with functional impairment and was diagnosed with lumbar sprain/strain. His initial therapeutic plan included topical anti-inflammatory medications, epidural steroid injections, and transcutaneous electrical nerve stimulation (TENS). The initial treatment course also included chiropractic management and cognitive therapy for depression. The treating physician recommended magnetic resonance imaging of the lumbar spine that was performed on April 29, 2013 that revealed scoliosis and degenerative spine changes with spinal canal narrowing from the fifth lumbar to first sacral level. During the course of treatment the physician noted failure of symptom improvement. The injured worker's physical examination was significant for decreased range of motion in the lower back and elevation of the right hip more than the left. Pertinent documents reviewed for the injury and treatment summary include utilization review applications, decisions, and appeal documents; agreed medical expert documentation, treating physician documentation, imaging and diagnostic reports; and request for authorization forms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 prescription of Dendracin Neurodendraxcin:** Upheld

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

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

**Decision rationale:** The injured worker has lower back pain that is best-classified lumbar sprain/strain with radiculopathy. The MTUS citation listed provides specific indications for dendracin (methyl salicylate, benzocaine, menthol), "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The treating physician has described clinical evidence of significant lumbar spinal pathology, however, there is no documentation of antidepressant or anticonvulsant failure supporting the use of topical analgesics. Moreover, one of the components, a topical non-steroidal anti-inflammatory (NSAID) medication, is not recommended for degenerative pathology, "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". The MTUS citation continues to indicate that in the setting of neuropathic pain topical NSAID use is "not recommended as there is no evidence to support use". Finally, as one of the components of dendracin is not recommended, the entire compound cannot be recommended per MTUS guidance, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Specific indications for dendracin are therefore not present and its use is not medically necessary, as the injured worker does not meet the criteria described in the MTUS.

**Retrospective request for 1 MRI L Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 303-305.

**Decision rationale:** The injured worker has lower back pain best classified as lumbar sprain/strain with radiculopathy. The MTUS citation listed provides specific indications for ordering magnetic resonance imaging, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The treating physician has described the clinical evidence of significant pathology, however, specific levels of neurological compromise are not delineated to support the diagnostic utility conveyed by magnetic resonance imaging. Furthermore, physiological testing as electromyography and nerve conduction testing are not documented prior to magnetic resonance imaging. The MTUS discuss the risk of indiscriminant imaging as the potential to, "result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery". Review of the documentation does not contain findings supporting magnetic resonance imaging in the context of MTUS guidance. Indications for magnetic resonance imaging thus are not present and it is not medically necessary, as the injured worker does not meet the criteria described in the MTUS.

**Retrospective request for 1 TENS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), chronic pain Page(s): 114-116.

**Decision rationale:** The injured worker has lower back pain best classified lumbar sprain/strain with radiculopathy. The MTUS citation listed provides specific indications for transcutaneous electrical nerve stimulation (TENS). While this treatment modality is recommended for neuropathic pain, it is not recommended "as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration". The MTUS citation regarding TENS therapy further specifies conditions to be satisfied for use, "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function". The treating physician described clinical evidence of significant pathology, however, a treatment plan for TENS is not provided with the request, "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted". Specific conditions for the use of TENS are not present therefore; it is not medically necessary, as the injured worker does not meet the criteria described in the MTUS.