

Case Number:	CM14-0082216		
Date Assigned:	07/28/2014	Date of Injury:	03/03/2011
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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:

According to the provided documents, this is a 50-year-old woman who is a medical technician with a date of injury 3/3/11 with a slip and fall. She had left knee surgery 2/2012, left shoulder surgery 2/27/13. There is a 4/7/14 orthopedic report that indicates patient is having worsening low back complaints, persistent left shoulder pain and on and off flareups of neck, left knee, left hip, left wrist and bilateral ankle complaints. Motrin 300 mg 4 times a day and Colace 100 mg once or twice a day to help constipation are the current medications. Motrin was reportedly no longer controlling her pain. Objectively there is said to be tenderness the lumbar spine paravertebral muscles, lumbosacral junction right side greater than left. In the left shoulder postoperative changes and tenderness over the posterior parascapular region. There were 12 diagnoses listed, including musculoskeletal diagnoses of lumbar spine musculoligamentous sprain/strain, cervical spine musculoligamentous sprain/strain with radiculitis and muscle contraction headaches, left hip strain, left knee sprain, left ankle foot sprain/strain, right ankle/foot sprain secondary to overcompensation, left wrist and hand sprain, abdominal wall strain. Report indicated the plan was to start the patient on Nucynta because all other opiates prescribed including Norco, Vicodin and tramadol cause nausea and vomiting. Start Dendracin lotion for treatment of tendinitis. There is no mention of any previous use of other nonnarcotic medications for chronic pain support by MTUS guidelines such as antiepileptic drugs and antidepressants. Note is also made that while the Dendracin was stated to be prescribed for the tendinitis, there was no specific diagnosis of tendinitis and there is no mention what body part this was to be used for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 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 Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=77199c68-4209-4ffa-84f0-2ab0103dbce9&CFID=60812898&CFTOKEN=28a5b33ab82732ac-0BBE9311-D42D-2983-20E290F7D4CE22C4>.

Decision rationale: According to the online reference cited above, this contains methyl salicylate 30%, capsaicin 0.0375% and menthol 10%. Regarding capsaicin, MTUS guidelines state that this is recommended only as an option in patients not responding to or intolerant to other treatments. There is no mention of any specific treatment for the patient's tendinitis thus it is not clear what other treatments may have failed. Additionally, guidelines state that have not been studies of a 0.375% formulation of capsaicin and there is no indication that this is any more efficacious than the 0.025% formulation. The submitted documents do not provide any rationale for use of the capsaicin in this concentration or in combination with methyl salicylate or menthol. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore, based upon the evidence and the guidelines, this is not medically necessary.