

Case Number:	CM14-0099572		
Date Assigned:	07/28/2014	Date of Injury:	10/04/2011
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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:

Patient is a 59-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, cervical spine herniated nucleus pulposus, bilateral shoulder internal derangement, lumbar spine herniated nucleus pulposus, insomnia, anxiety, and depression associated with an industrial injury date of 10/4/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of back pain, neck pain, and right shoulder pain. Physical examination of the cervical spine showed tenderness, increased muscle rigidity, numerous trigger points, and restricted range of motion. Muscle strength of upper extremities was graded 4/5. Reflexes were normal. Sensation was diminished at C5 to C6 dermatomes. Examination of the shoulder showed tenderness. Motor strength of bilateral lower extremities was intact. Examination of the lumbar spine likewise showed tenderness, muscle rigidity, trigger points, and restricted motion. EMG/NCV of bilateral upper extremities, dated 6/26/2012, demonstrated mild bilateral carpal tunnel syndrome. MRI of the right shoulder, dated 6/6/2012, demonstrated supraspinatus full thickness tear. Treatment to date has included lumbar epidural steroid injection, extracorporeal shockwave therapy to the shoulder, use of electrical stimulation therapy, and medications such as Norco, Anaprox, and Prilosec. Utilization review from 5/30/2014 denied request for Dendracin; medox ointment; menthoderm unknown length of need because of lack of published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin; medox ointment; menthoderm unknown length of need: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate Page(s): 105.

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: Dendracin Cream contains three active ingredients, which include: Methyl Salicylate 30%, Capsaicin 0.0375%, and Menthol 10%. Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the 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 menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, Methoderm gel, Medrox ointment, and Dendracin cream were prescribed as adjuvant therapy to oral medications. However, the requested Methoderm has the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Therefore, the request for Methoderm Gel is not medically necessary. On the other hand, the requested Medrox ointment and Dendracin cream both contain Capsaicin 0.0375%, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. There is likewise no discussion concerning intolerance to oral medications to warrant such. Guideline criteria were not met. Based on the aforementioned reasons therefore, the request for Dendracin; medox ointment; menthoder unknown length of need is not medically necessary.