

Case Number:	CM14-0200703		
Date Assigned:	12/11/2014	Date of Injury:	02/04/2011
Decision Date:	03/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 48 year old female with a work injury dated 9/4/66. The diagnoses include lumbar radiculopathy; left chronic bursitis; chronic cervical sprain/strain; chronic tendinitis/bursitis of the right shoulder; intermittent headaches of unclear etiology. Under consideration is a request for retrospective Dendracin pain relief lotion 120ml 0.5 ounces 3-4 times a day # 2. There is an 8/13/14 pain management consultation which states that the patient has severe low back and bilateral leg pain with numbness and weakness of the right leg and pain in the left leg; severe left hip pain; right shoulder pain; bilateral neck pain; intermittent headaches. On exam her cervical range of rotation was 80 degrees to the right and 50 degrees to the left; forward flexion 60 degrees ; right abduction 20 degrees; left abduction 20 degrees; extension 20 degrees. There was diffuse tenderness over the bilateral erector capitus and trapezius muscles. The lumbar spine revealed 45 degree forward flexion with pain; 20 degree right and left rotation; extension 10 degrees; right and left abduction 20 degrees. There is severe tenderness over the bilateral lumbar, paravertebral and gluteal muscles. There is severe left gluteal muscle tenderness. The straight leg raise is positive bilateral 45 degrees. There is mild atrophy of the left biceps femoris and gastroc muscles. There is some decreased right shoulder range of motion and limited left hip range of motion with pain. There is right shoulder tenderness and severe tenderness on the greater trochanter of the left hip. Internal and external rotation of the left leg causes hip pain. Sensory exam lumbar nerves , right L3,4,5 and S1 are 2/5. Sensory exam left L1,L2, L3,L4,L5 and S1 5/5. Neuromuscular exam deltoid, biceps, triceps, grip strength 5/5 bilateral. Right and left biceps femoris, gastroc, anterior tibialis bilateral are 5/5 as

well. The right EHL muscle is 4/5 and left is 5/5. Toe walking and heel walking are normal bilateral. The treatment plan includes a request for a lumbar epidural steroid injection, begin hydrocodone/acetaminophen, topical Dendracin to the cervical spine, lumbar spine and left hip; follow up for a left hip injection and for PCP for headaches and swallowing difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dendracin pain relief lotion 120ml 0.5 ounces 3-4 times a day # 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

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

Decision rationale: Retrospective Dendracin pain relief lotion 120ml 0.5 ounces 3-4 times a day # 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Dendracin Cream contains: Active ingredients. Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%. Per MTUS guidelines, "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Additionally, the MTUS guidelines state, that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Capsaicin topical 0.375% is not recommended. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation does not indicate that the patient is intolerant to oral medications. The guidelines do not support Capsaicin in 0.0375%. For these reasons, the request for Dendracin is not medically necessary.