

Case Number:	CM14-0202295		
Date Assigned:	12/12/2014	Date of Injury:	04/14/2003
Decision Date:	02/03/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/03/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 14, 2003. In a Utilization Review Report dated November 15, 2014, the claims administrator denied several topical compounded creams. The claims administrator referenced a November 4, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone multiple interventional procedures involving the lumbar spine and was using tramadol, Zomig, Lexapro, Motrin, Dendracin, and Lidocaine patches. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported persistent complaints of mid and low back pain status post multiple ganglion blocks and lumbar rhizotomy procedure. The applicant was status post earlier lumbar fusion surgery. The applicant had reportedly completed 16 sessions of acupuncture and eight sessions of psychotherapy. The applicant was on tramadol, Zomig, Lunesta, Lexapro, Motrin, and Dendracin, it was noted. The applicant's pain complaints were highly variable, ranging from 6-9/10, it was stated in another section of the note. The attending provider posited that the applicant's medications were ameliorating her ability to sit, shop, and perform household chores. The applicant was asked to continue several medications, including the Dendracin lotion at issue and follow up in the next month. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On July 1, 2014, prescriptions for tramadol, Zomig, Lunesta, Lexapro, Motrin, and Dendracin were endorsed. The applicant's work status was not outlined, although once again, it did not appear that the applicant was working. On November 4, 2014, the applicant again reported chronic low back complaints with derivative complaints of depression, anxiety, indigestion, and headaches. Tramadol, Zomig, Lexapro, Motrin, Dendracin, lidocaine, Lunesta, and a topical compounded ketoprofen-containing cream were endorsed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Dendracin Lotion #120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Dendracin Medication Guide.

Decision rationale: Dendracin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent in applicants who have not responded to or are intolerant of other treatments. Here, the applicants concomitant usage of multiple first-line oral pharmaceuticals, including tramadol, Motrin, etc., effectively obviated the need for the capsaicin-containing Dendracin lotion at issue. Therefore, the request was not medically necessary.

1 Prescription of KGL Cream #240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other compounds, the applicants concomitant usage of multiple first-line oral pharmaceuticals, including tramadol and Motrin, effectively obviated the need for the ketoprofen-containing compound at issue. Therefore, the request was not medically necessary.