

Case Number:	CM14-0023120		
Date Assigned:	05/14/2014	Date of Injury:	02/17/1987
Decision Date:	03/30/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 68 year old male, who sustained an industrial injury on February 17, 1987. He has reported back and severe neck pain. The diagnoses have included cervical spine degenerative disc disease, primarily at cervical 5-cervical 6 with cervical radiculopathy, and lumbar spine degenerative disc disease with lumbar radiculopathy primarily at lumbar 4-lumbar 5. Treatment to date has included MRIs of the cervical and lumbar spines, non-steroidal anti-inflammatory and pain medications, cervical and lumbar epidural steroid injections, physical therapy, home exercise program, chiropractic treatment, and acupuncture. On December 16, 2013, the treating physician noted midback pain radiating to the upper and lower back. Occasionally the pain radiated into the left arm with associated numbness and tingling of the left fourth and fifth fingers. The lower back pain was in the center and radiated to bilateral legs, with associated numbness and tingling of the legs. The physical exam revealed moderately decreased cervical range of motion and tenderness to palpation over the interspinous ligaments at cervical 5 and cervical 6. The lumbosacral range of motion was mildly decreased. There was tenderness to palpation over the interspinous ligaments at lumbar 4-lumbar 5 and lumbar 5-sacral 1, and bilateral straight leg raises were positive with back and leg pain. The treatment plan included beginning a topical analgesic medication. On January 22, 2015 Utilization Review non-certified a retrospective prescription for Dendracin Lotion 120ml (DOS: 12/16/13), noting the lack of documentation of antidepressant and anticonvulsant trials that have not controlled the patient's symptoms. The guidelines do not support the use of topical agents for radicular pain management, and any compounded product that contains at least one drug or drug class that is

not recommended is not recommended. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL DENDRACIN LOTION 120ML DOS: 12/16/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111.

Decision rationale: Dendracin contains capsaicin, menthol, and methyl salicylate. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). Capsaicin may have an indication for chronic pain in this context. Per MTUS p 112 ?Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis. MTUS also states although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy."The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.