

Case Number:	CM15-0103740		
Date Assigned:	06/08/2015	Date of Injury:	01/23/2013
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 47-year-old male who sustained an industrial injury on 01/23/2013. Diagnoses include strain, supraspinatus, with lumbar degenerative disc disease and radiculitis. Treatment to date has included medications, physical therapy, epidural steroid injections and home exercise. According to the Primary Treating Physician's Final Report dated 4/3/15 the IW reported his pain in the low back and left leg was unchanged. MRI of the lumbar spine on 3/12/13 showed mild spondylitic changes at L3-4 through L5-S1 with disc bulges, disc desiccation, and facet joint arthropathy; there was mild foraminal stenosis at L5-S1 on the left side. Electrodiagnostic testing of the bilateral lower extremities on 4/1/13 were normal; testing performed again on 1/12/15 revealed evidence of left L5 radiculopathy. On examination, the left/central L4, L5 and S1 areas were tender to palpation and motion of the lumbar spine was guarded due to pain. Straight leg raise was positive at 70 degrees on the left. Motor strength, sensation, deep tendon reflexes and vascular exam of the lower extremities was normal. A request was made for Dendracin lotion 120ml with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml with two refills: 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): 111-113. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Menthol.

Decision rationale: Regarding request for Dendracin, Dendracin is a combination of methyl salicylate, menthol, and benzocaine. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Finally, the ODG is the only guideline which comments specifically upon menthol, recommending it only as an option in acute low back pain. Within the documentation available for review, there is no documentation that this is an acute low back pain problem. Rather the medical records demonstrate that this is a chronic low back pain, for which menthol is not supported. Given this, the currently requested Dendracin is not medically necessary.