

Case Number:	CM15-0103786		
Date Assigned:	06/08/2015	Date of Injury:	08/20/2009
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 53 year old female, who sustained an industrial injury on August 20, 2009. Treatment to date has included bilateral transforaminal epidural steroid injection, medications, home exercise program, heat therapy, status post L4-L5 and L5-S1 anterior/posterior discectomy and fusion. Currently, the injured worker complains of continued low back pain associated with right greater than left lower extremity radicular pain. She reports that the pain is increased with lifting, bending, stooping, standing and sitting. She reports neck pain with radiation of pain to the bilateral shoulders and bilateral upper arms. She rates her low back pain level a 6 to 9 on a 10-point scale and describes the pain as moderate-severe in intensity, frequent and aching. The diagnoses associated with the request include right inferior pubic and ischial rami fractures, cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, and thoracic spine musculoligamentous sprain/strain. The treatment plan includes: continued home exercise program, Dendracin lotion, Norco, Lyrica, surgical consultation, home care assistance and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Dendracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dendracin, Capsaicin, topical, Salicylate topicals, Non-steroidal anti-inflammatory agents.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This lotion contains capsaicin, menthol, methyl salicylate, and benzocaine. Per MTUS, capsaicin, is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.