

Case Number:	CM15-0104793		
Date Assigned:	06/09/2015	Date of Injury:	11/01/1999
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

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 is a 59 year old male, who sustained an industrial injury on 11/1/99. The diagnoses have included cervical degenerative disc disease (DDD) with spondylosis and bilateral upper extremity radicular symptoms. Treatment to date has included physical therapy, medications, and urine drug screen. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of neck pain that radiates to the both upper extremities with numbness, tingling and weakness in the upper extremities. He also describes burning, electrical shooting pain in both arms as well as referred headaches. The injured worker notes 50 percent improvement in pain levels and up to 40 percent improvement in function with his current medication regimen. He notes improved ability to participate in his activities of daily living (ADL). The physical exam reveals that he walks with a single point cane. There is mild bilateral cervical tenderness, flexion is 40 degrees, extension is 30 degrees, right rotation is 50 degrees and left rotation is 60 degrees. There is decreased sensation over the forearms and hands bilaterally, right greater than left and atrophy of both hands. The current medications included Norco, Omeprazole and Laxacin. The urine drug screen dated 4/27/15 was consistent with the medications prescribed. The physician notes that the injured worker has previously failed oral medications that include Gabapentin. The physician requested treatment included Dendracin lotion #120 ml for treatment of neuropathic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion #120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1999. He continues to be cheated for radiating neck pain. When seen, he was having upper extremity weakness, numbness, and tingling with burning, electrical, and shooting pain in both arms. There was decreased cervical spine range of motion with tenderness and trigger points. He had decreased upper extremity sensation with hand muscle atrophy. He was noted to ambulate with a cane. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine, which, can be recommended for localized peripheral pain. In this case, the claimant has not failed a trial of topical lidocaine or of over the counter medications such as Ben-Gay or Icy Hot. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.