

Case Number:	CM15-0131663		
Date Assigned:	07/17/2015	Date of Injury:	03/06/2012
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Emergency 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 60 year old male who sustained an industrial injury on 3-6-12. The mechanism of injury was a crush of the left foot with a pallet jack while unloading and removing it from a truck. Diagnoses are neuropathic pain of the left foot following posttraumatic longitudinal-type crush injury, no evidence of complex regional pain syndrome or sympathetic dystrophy, anxiety and depression related to chronic pain syndrome, and insomnia related to chronic pain syndrome. In a follow up consultation report dated 5-28-15, a treating physician notes the reason for follow up as persistent left foot pain, anxiety and depression, and insomnia. The injured worker reports that the pain is a constant aching, burning pain that is deep inside the foot, ranging from a 6-10 out of 10. He reports Hydrocodone-Acetaminophen brings the pain down to a 4-5 out of 10 and relief can last several hours at a time. He wakes up in the middle of the night. Pain is aggravated after standing for 20 minutes and sitting for 20-30 minutes. Secondary to pain, he has extreme difficulty performing simple activities of daily living such as walking, dressing, light housework or food preparation. He cannot operate a manual transmission because he cannot use the left foot to push in the clutch. He drives with his right foot only. Current medications are Cymbalta, Robaxin, Dendracin lotion, and Hydrocodone-Acetaminophen. He reports an additional 10-20% reduction in his pain for several hours while using topical Dendracin over the foot. He uses special shoes and modified inserts. He uses a cane to ambulate. He has discontinued Tramadol and has significantly reduced Robaxin to 1-2- tablets per day. Electromyography-nerve conduction velocity study revealed neuropathy of the left lower extremity and foot. He continues to use the interferential unit for approximately 30

minutes several times a day. This, combined with pain medication reduces his pain to 2 or 3 out of 10 and he is able to fall asleep or watch television. Work status is noted as he may return to work provided he has an automatic transmission vehicle at work. The requested treatment is an interferential unit and Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy: Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As per MTUS chronic pain treatment guidelines, interferential current stimulation is not recommended due to lack or very poor evidence of efficacy and is not recommended in isolation. It may be considered in failed pain management after conservative or medication therapy. If this criteria is met, may consider a 1 month trial with documentation of improvement. Patient has been using this device for several months. It is unclear who approved it under what criteria. There is no documentation of failure of conservative or 1st line care. There is no documentation at attempts at a successful 1-month trial. It is unclear why patient requires a new IF unit when he was already reportedly using the old unit. Documentation fails multiple criteria. IF unit is not medically necessary.

Dendracin: Upheld

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

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

Decision rationale: Dendracin is a compounded product containing capsaicin, menthol and methyl salicylate. The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has reportedly decreased pain. It is not recommended due to no documentation of prior treatment failure. 2) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically. Medically not recommended. 3) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Dendracin, as per MTUS guidelines, is not recommended. Therefore, the requested treatment is not medically necessary.

