

Case Number:	CM15-0132967		
Date Assigned:	07/21/2015	Date of Injury:	09/12/2012
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pediatrics, 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 31-year-old female, who sustained an industrial injury on 9/12/12. The injured worker was diagnosed as having complex regional pain syndrome of left upper extremity with swelling, discoloration, hypersensitivity and allodynia, chronic severe left cervical sprain with cervical radicular symptoms, chronic severe left shoulder pain, chronic moderate pain, intermittent moderate to severe headaches, insomnia related to chronic pain syndrome, anxiety and depression related to chronic pain syndrome, gastroenteritis related to pain medication, constipation related to opioid analgesics, syncopal episodes and 2nd to 3rd degree burn of left hand. Treatment to date has included oral medications including opioids, Maxalt, Zofran, Cyclobenzaprine and Zofran; topical Dendracin lotion and Lidoderm patches. Currently on 5/21/15, the injured worker complains of increased left shoulder pain with radiation to left axilla and left breast with radiation to left upper back and shoulder as well with increased swelling of left axillary area and left arm. She also complains of weakness and numbness of left arm and hand. She rates the pain 7-9/10. She notes some improvement with Naproxen Sodium, and she reports nonsteroidal anti-inflammatory medications caused stomach pain. Physical exam performed on 5/21/15 revealed restricted cervical range of motion, persistent edema over left neck and left trapezius muscle, severe muscle induration of left trapezius muscle, tenderness to palpation of left erector capitis muscles, trapezius muscles, anterior strap muscles and clavicular area. A request for authorization was submitted on 5/21/15 for Maxalt 10mg, Hydrocodone 10/325, Dendracin lotion, Cyclobenzaprine 7.4mg, Lidoderm 5% and Zofran 8mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion, Neurodendracin, 120 ml (methyl salicylate 30%, Capsaicin 0.0375%, Menthol 10%), compound: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Topical Analgesics Page(s): 41; 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Rizatriptan; Pain - Ondanestron (Zofran); Physicians' Desk Reference, 68th edition, 2015.

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

Decision rationale: According to the California MTUS Guidelines, 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. MTUS guidelines recommend giving medications one at a time with assessment of specific results and benefit for each medication. 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. In this case, Dendracin lotion, Neurodendracin Lotion contains methyl salicylate, menthol, and capsaicin. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate is recommended by MTUS. Documentation notes that IW uses the lotion on her neck with relief of pain and muscle spasm and associated decrease in opioid medication use. Medical necessity for the requested topical medication has been established.