

Case Number:	CM15-0139260		
Date Assigned:	07/29/2015	Date of Injury:	07/12/2007
Decision Date:	09/02/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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(n) 48 year old female, who sustained an industrial injury on 7/12/07. She reported pain in her neck and bilateral upper extremities related to cumulative trauma. The injured worker was diagnosed as having cervical radiculitis, post cervical laminectomy syndrome, cervicgia and myofascial pain. Treatment to date has included a cervical epidural injection on 5/27/15 and 6/10/15 and physical therapy. Current pain medications include Skelaxin, Topiramate, Norco, Cyclobenzaprine, Trazodone and Dendracin cream since at least 12/15/14. As of the PR2 dated 7/1/15, the injured worker reports persistent axial neck pain with radiation to her right arm. She also notes frequent headaches. Objective findings include reduced cervical range of motion, motor strength is 5/5 and sensation is reduced. The treating physician requested Dendracin cream 2 tubs. The patient's surgical history include right shoulder surgery in 2004 and cervical fusion in 2009. The medication list include Skelaxin, Topiramate, Norco, Phenergan and Imitrex. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream 2 tubs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Topical salicylate like methyl salicylate is recommended. However, there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high-grade scientific evidence to support the use of menthol for relief of pain. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. The medical necessity of the request for Dendracin cream 2 tubs is not fully established for this patient. Therefore, the request is not medically necessary.