

Case Number:	CM15-0160076		
Date Assigned:	08/26/2015	Date of Injury:	05/13/2013
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40-year-old female, who sustained an industrial injury on 5-13-13. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic lumbar sprain-strain; radicular syndrome lower extremity; knee sprain-strain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (3-2014); EMG-NCV lumbar study (1-9-14). Currently, the PR-2 notes dated 7-9-15 are hand written and some of the documentation is difficult to decipher. The notes indicate the injured worker complains of lower back pain rating the intensity at 7 out of 10 and with medications rates the pain as 3 out of 10. She also complains of left knee pain with the same pain scale rating of 7 out of 10 without medications and 3 out of 10 with medication. The left knee pain is associated with numbness and pain in the left leg. The provider documents lumbar is with diminished range of motion, muscle splinting and tenderness to palpation. He notes positive orthopedic testing. His treatment plan on this date is to continue with pain management. A Qualified Medical Evaluation dated 11-13-14 documents an EMG-NCV study of the lumbar spine was normal with no indications of motor radiculopathy. This report also mentions a lumbar MRI from 3-2014 that was normal with 1-2mm disc bulge at L3-4 and L4-5 with no central or foraminal stenosis. The provider is requesting authorization of Dendracin Neurodendraxcin #1 topical (Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol 10%) 120ml bottle and Synovacin Glucosamine Sulfate 500mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Neurodendracin #1 topical (Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol 10%) 120ml bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Dendracin contains capsaicin, menthol, and methyl salicylate. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) Capsaicin may have an indication for chronic pain in this context. Per MTUS p 112 Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis. MTUS also states although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. "The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.

Synovacin Glucosamine Sulfate 500mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and chondroitin sulfate) Page(s): 50.

Decision rationale: Per MTUS CPMTG with regard to glucosamine and chondroitin sulfate: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The documentation submitted for review does not note any of the indications for this medication. There is no diagnosis of arthritis. As such, the request is not medically necessary.