

Case Number:	CM15-0187602		
Date Assigned:	09/29/2015	Date of Injury:	03/01/2007
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This is a 51 year old female patient, who sustained an industrial injury on 3-1-07. The diagnoses include neck pain with bilateral upper extremity radiculopathy and evidence of moderate to severe neuroforaminal narrowing at left C6-C7, low back pain with bilateral lower extremity radicular symptoms and severe degenerative facet disease right C5-C6. Per the doctor's note dated 9-2-15 she had complaints of slight increased in symptoms of upper and lower extremities. She had pain over the cervical, thoracic and lumbar spine. She reported headaches and intermittent muscle spasms over the cervical and lumbar spine; cramping and a dull achy pain in her elbows bilaterally that radiates into her hands and an increase in nerve pain in the lower extremities with warmer weather. The physical examination revealed diffuse bilateral cervical paraspinous tenderness from C5 to T1 and decreased range of motion; tenderness over both medial elbow regions, decrease sensory following the ulnar nerve pattern and a positive Tinel's test; the lumbar spine- tenderness to palpation from L4-S1 with 1+ spasm, tenderness over the right L5-S1 paravertebral joint and the right posterior superior iliac spine; negative straight leg raise and a positive "Patrick's" in the right lower extremity. The medications list includes Nucynta, Lyrica, Lidoderm patches and Dendracin lotion. Her medications have been limited based on significant GI side effects with many medications. Her medication regimen is beneficial as it decreases pain and improves function. Her pain is decreased from 9-10 out of 10 to 4 out of 10 with medication, per note dated 9-2-15. The note also states she experiences improved quality of life and ability to engage in activities of daily living with medication. She is able to engage in self-grooming, cooking, shopping and light housekeeping, as well as ambulate

further and sit for longer periods of time. She has experienced therapeutic failure with wellbutrin, trazadone, amitriptyline, Doxepin, gabapentin, Hydrocodone, Oxycontin, Morphine and Codeine due to nausea and she discontinued Tizanidine and Nexium. She has had interferential unit, Acupuncture (was beneficial) and trigger point injections (provided short term improvement). She has undergone anterior cervical discectomy and fusion in 2009 and revision of fusion at C5 to C7 in 12/2010, right carpal tunnel release, Percutaneous discectomy (2006), right ulnar nerve transposition in 2010; lumbar surgery in 11/2006 and right shoulder surgery in 5/2007. She has had a urine toxicology screen dated 7-2-15 with consistent findings. Her work status was not addressed. A request for authorization dated 9-10-15 for Dendracin lotion 240 ml and Lidoderm patches 5% #90 is denied, per Utilization Review letter dated 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Dendracin lotion 240ml. 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. 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 Dendracin lotion 240ml is not established for this patient.

Lidoderm patch 5%, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidoderm patch 5%, #90. 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. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patch 5%, #90 is not fully established for this patient.