

Case Number:	CM15-0189485		
Date Assigned:	10/01/2015	Date of Injury:	12/04/2009
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male, who sustained an industrial injury on 12-4-2009. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis, and lumbar stenosis. On 9-8-2015, the injured worker reported a recent fall that resulted from his right leg giving way due to a sudden loss of sensation. He reported he was unable to stand for 45 seconds followed by complete resolution. He reported lower back pain radiating into the bilateral lower extremities. His pain was rated 4 out of 110 with medications and 8 out of 10 without medications. He reported that the use of Dendracin improves his pain levels, function, range of motion, and overall sense of comfort. In addition, he reported having unsuccessfully trying multiple other neuropathic agents. The lumbar exam (9-8-2015) revealed dull tenderness to palpation at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1), a positive left straight leg raise at 40 degrees, flexion 45, extension 25, left lateral bending 25, and right lateral bending 15. On 5-19-2010, an MRI of the lumbar spine revealed mild decreased disc height, disc desiccation, with small left-sided posterolateral osteophytes at L5-S1 with associated mild narrowing of the left L5 neural foramen. There was decreased disc height, disc desiccation, with a 3 millimeter disc extrusion at L1-2 (lumbar 1-2) that indented the ventral aspect of the thecal sac. Treatment has included physical therapy, acupuncture, a functional restoration program, epidural steroid injections, work modifications, and medications including oral pain, topical pain (Dendracin since at least 8-2015), and muscle relaxant. The requested treatments included

Dendracin Neurodraxin lotion 120ml. On 9-18-2015, the original utilization review non-certified a request for Dendracin Neurodraxin lotion 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Neurodraxin lotion 120ml, apply bid to lumbar, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

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

Decision rationale: The claimant sustained a work injury in December 2009 when, while in a management meeting, he lifted up on his chair to shift its position and it caught on a rug, which caused his back to give out. He continues to be treated for back pain and secondary erectile and urinary dysfunction. When seen, there had been an episode of his right leg giving way due to sudden loss of sensation. Physical examination findings included left lumbar tenderness with positive straight leg raising. There was decreased lumbar spine range of motion. Topical medications were prescribed. Dendracin neurodendraxin is a combination of capsaicin, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.