

Case Number:	CM15-0200658		
Date Assigned:	10/15/2015	Date of Injury:	01/14/2012
Decision Date:	11/25/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Emergency 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 66 year old female, who sustained an industrial injury on 1-14-2012. The injured worker was being treated for chronic pain syndrome due to lumbar radiculopathy from degenerative disc disease with chronic sprain and strain, chronic pain syndrome of the neck and upper extremity due to degenerative disc disease C3-4 (cervical 3-4) to C6-7 (cervical 6-7), right hand pain, right shoulder adhesive capsulitis and rotator cuff tendonitis with partial rotator cuff tear, headaches (cervicogenic and tension cephalgia), chronic sprain and strain of the upper back and left ankle. Medical records (8-31-2015) indicate ongoing pain of the right hand and arm, low back and bilateral legs with numbness and tingling of the lower extremities, headaches, left upper back and shoulder, and left knee. The injured worker rated her pain as 8 out of 10 without medications. The physical exam (8-31-2015) reveal decreased cervical range of motion, tenderness over the erector capitis, and tenderness over the trapezius muscles and interspinous ligaments primarily in the lower cervical spine. There is tenderness over the thoracic, upper thoracic paraspinal, left rhomboideus, supraspinatus, and infraspinatus muscle groups. There is decreased lumbar range of motion with pain and tenderness over the bilateral lumbar paravertebral gluteal muscles and the L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) facet joints. There is a no significant atrophy over the right wrist. There is decreased shoulder range of motion and tenderness over the right shoulder. There is normal range of motion of the left shoulder, elbows and wrists. There is decreased range of motion of the hips. Per the treating physician (6-17-2015 report), electrodiagnostic studies dated 7-10-2012 revealed moderate to severe right carpal tunnel syndrome. Per the treating physician (6-17-2015 report),

electrodiagnostic studies dated 11-26-2012 revealed bilateral L5 lumbar radiculopathy. Surgeries to date include a right carpal tunnel release. Treatment has included stretching, right thumb and wrist injections, and medications including oral pain, topical pain (Dendracin since at least 8-2015), antiepilepsy, anti-anxiety, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. The treatment plan included continuing the Dendracin pain relief lotion. On 9-15-2015, the original utilization review non-certified a request for Dendracin pain relief lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin pain relief, no NDC #, no refills, topical analgesic: 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: The requested Dendracin pain relief, no NDC #, no refills, topical analgesic is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has ongoing pain of the right hand and arm, low back and bilateral legs with numbness and tingling of the lower extremities, headaches, left upper back and shoulder, and left knee. The injured worker rated her pain as 8 out of 10 without medications. The physical exam (8-31-2015) reveal decreased cervical range of motion, tenderness over the erector capitis, and tenderness over the trapezius muscles and interspinous ligaments primarily in the lower cervical spine. There is tenderness over the thoracic, upper thoracic paraspinal, left rhomboideus, supraspinatus, and infraspinatus muscle groups. There is decreased lumbar range of motion with pain and tenderness over the bilateral lumbar paravertebral gluteal muscles and the L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) facet joints. There is a no significant atrophy over the right wrist. There is decreased shoulder range of motion and tenderness over the right shoulder. There is normal range of motion of the left shoulder, elbows and wrists. There is decreased range of motion of the hips. Per the treating physician (6-17-2015 report), electrodiagnostic studies dated 7-10-2012 revealed moderate to severe right carpal tunnel syndrome. Per the treating physician (6-17-2015 report), electrodiagnostic studies dated 11-26-2012 revealed bilateral L5 lumbar radiculopathy. Dendracin Cream consists of Menthol 5%; Benzocaine 15% and Methyl salicylate 30%. It is concerning that salicylate in prescribed cream is 30%. Salicylate in Arthrotec (FDA regulated cream) is only 10% and there are concerns raised by FDA regarding both efficacy of and toxicity from topical Salicylates. Benzocaine has been thought a possible skin sensitizer. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Dendracin pain relief, no NDC #, no refills, topical analgesic is not medically necessary.