

<b>Case Number:</b>	CM15-0208195		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/04/1996
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male who sustained an industrial injury on 04-04-1996. According to a pain management follow up report dated 09-14-2015 the injured worker was seen for recurrent severe low back and right leg pain with numbness and weakness, recurrent constipation and insomnia. He continued to experience pain across both sides of the low back, radiating into the gluteal regions and frequently down into the right leg. Without medication, pain level was rated 7 on a scale of 1-10. As a result he had extreme difficulty performing simple activities of dial living. Medications included Nucynta, Gabapentin and Dendracin. He reported additional pain relief during the day when using Dendracin lotion over the lumbar spine. He was able to extend the pain relief that he received from the Nucynta for the rest of the day as a result of the use of Dendracin in the late afternoon and evening. As a result, he was able to reduce Nucynta from 2 tablets a day down to 1 tablet a day. Icy Hot and BenGay had not been effective. Physical examination demonstrated persistent tenderness over the sacroiliac joints. There was minimal midline tenderness and paravertebral muscle tenderness. Assessment included chronic pain syndrome secondary to chronic lumbar radiculopathy due to degenerative disk disease of the lumbar spine status post lumbar laminectomy, discectomy and anterior and posterior fusion at L2-3, L3-4, L4-5 and L5-S1 on 12-18-2013, chronic recurrent muscle spasm lumbar spine, cannot rule out bilateral sacroiliitis, hypertension and adult onset diabetes mellitus type 2 (nonindustrial). Recommendations included diagnostic therapeutic sacroiliac joint injections, Gabapentin, Fexmid, Promolaxin and Dendracin pain relief lotion for the lumbar spine, self-directed physical therapy, Jacuzzi aqua therapy, lumbosacral bracing and dietary regimen for weight loss Follow up was indicated in 30 days. On 09-30-2015, Utilization Review non-certified the request for bilateral sacroiliac joint injection with fluoroscopy and Dendracin 120 ml. The request for Nucynta, Promolaxin and a follow-up visit with pain management was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral sacroiliac joint injection with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Initial Approaches to Treatment Chapter 3, Injections-page 48 Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic) Sacroiliac Joint Injections (SJI) ODG, Hip and Pelvis Sacroiliac Joint Injections (SJI) diagnostic, therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) "Sacroiliac injections", Low back (Acute & Chronic) "Sacroiliac injections".

**Decision rationale:** The injured worker sustained a work related injury on 04-04-1996. The medical records provided indicate the diagnosis of recurrent severe low back and right leg pain with numbness and weakness, recurrent constipation and insomnia. Treatments have included chiropractic care, physical therapy. Medications included Nucynta, Gabapentin and Dendracin. The medical records provided for review do not indicate a medical necessity for: Bilateral sacroiliac joint injection with fluoroscopy. While the low back chapter of the Official Disability Guidelines recommends against sacroiliac joint injections except after 4 months of aggressive physical therapy, the Hip Chapter of Official Disability Guidelines recommends against diagnostic sacroiliac injection, recommends against therapeutic sacroiliac joint injections except if of due to inflammatory arthrosopes. Nevertheless, the physical therapy report of 05/28/15, indicate the injured worker did not benefit from a previous sacroiliac joint injection; also, while the injured worker was reported to have plateaued after the initial first 6 sessions of physical therapy, the medical records did not provide any information on the duration of treatment. Therefore, the requested treatment is not medically necessary.

### **Dendracin 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation "Physicians" Science and Nature Inc." "Dendracin, Neurodendraxcin (R)." "<http://www.physiciansproducts.net/services/dendracin.pdf>".

**Decision rationale:** The injured worker sustained a work related injury on 04-04-1996. The medical records provided indicate the diagnosis of recurrent severe low back and right leg pain with numbness and weakness, recurrent constipation and insomnia. Treatments have included chiropractic care, physical therapy. Medications included Nucynta, Gabapentin and Dendracin. The medical records provided for review do not indicate a medical necessity for: Dendracin 120ml. According to physician's science and nature inc, this product is an over-the-counter topical medication a unique blend of pharmaceutical medications combined with naturally occurring remedies that have been used for centuries to provide a powerful formulation for pain control. Drugs.com lists the active ingredients as methyl salicylate, benzocaine, and menthol. The MTUS identifies such drugs as topical analgesics. The topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary as it contains the non recommended benzocaine, and menthol.