

<b>Case Number:</b>	CM15-0208220		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/01/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 04-11-2013. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for left sacroiliac joint dysfunction, multilevel lumbar disc desiccation and protrusion, left lower extremity pain, and status post right carpal tunnel release surgery. Treatment and diagnostics to date has included sacroiliac joint injection, lumbar epidural steroid injection, physical therapy, lumbar brace, and medications. Recent medications have included Norco, Gabapentin, Dendracin lotion, and Amitriptyline (all prescribed since at least 06-16-2015). Subjective data (07-15-2015 and 08-17-2015), included low back pain rated 4 out of 10 on the pain scale with use of medications and 8 out of 10 without medications. Objective findings (08-17-2015) included an antalgic gait with bilateral lumbar paraspinal tenderness from L4-S1 with muscle spasms. The Utilization Review with a decision date of 09-31-2015 denied the request for Dendracin Lotion 240ml #1, Flector 1.3% patch #60, and Tramadol ER 150mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion 240ml, #1: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Dendracin's ingredients are methyl salicylate, benzocaine, menthol, capsaicin, dimethyl sulfoxide, aloe vera gel, zingiber extract, borage oil, boswellia serrata, soyalecithin, PEG 100, stearic acid, propylene glycol, cetyl alcohol & Poloxamer 407) is a non-prescription strength topical analgesic with no proven greater efficacy than any other over-the-counter pain cream. Guidelines specifically noted that Boswellia Serrata Resin ( ) is not recommended for chronic pain and as criteria note that any compounded product that contains at least one drug (or drug class) that is not recommended, is therefore, not recommended. Boswellia serrata is not recommended and is also a component of Dendracin, thereby, the request for Dendracin Cream has not been established. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic 2013 injury without documented functional improvement from treatment already rendered. The Dendracin lotion 240ml, #1 is not medically necessary and appropriate.

**Flector 1.3% patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2013 injury with prescription since at least June 2015. There is no documented functional benefit from treatment already rendered. The Flector 1.3% patch #60 is not medically necessary and appropriate.

**Tramadol ER 150mg #30: 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): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status (patient is not working) derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol ER 150mg #30 is not medically necessary and appropriate.