

<b>Case Number:</b>	CM15-0022520		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 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 55-year-old male who reported an injury on 06/05/2009. The mechanism of injury was noted to be a lifting injury. The injured worker underwent urine drug screens. The documentation of 01/14/2015 revealed the injured worker had utilized gabapentin. The injured worker indicated that Dendracin lotion was helpful when applied to the extremities where he experienced neuropathic pain. The injured worker had complaints of pain in the cervical and lumbar spine. The injured worker had pain in the jaw. Prior treatments included physical therapy and an MRI. The injured worker's medications included Norco for moderate to severe pain, Flexeril for muscle spasm, gabapentin for neuropathic pain, and Dendracin lotion for topical neuropathic pain. The injured worker indicated that his pain was a 4/10 to 5/10 with medications, and without medications it was an 8/10. The injured worker indicated he had 40% to 50% improvement in pain and 30% to 40% improvement in function with current medications. The injured worker was noted to have an improved ability to perform and assist with his self care needs. With medication, the injured worker was able to stand and walk for longer periods of time with medication than without. The injured worker denied intolerable side effects. There was no aberrant drug behavior. The injured worker has a signed pain contract. The injured worker was noted to have failed Lidoderm patches. The physical examination revealed the injured worker had restricted range of motion of the cervical spine and a significant decrease in muscle strength rated 2/5 in the upper extremities as compared to the left. The injured worker had 1+ palpable muscle spasms present in the lumbar spine. The diagnoses included status post 3 level anterior cervical discectomy and fusion with significant residuals, and impingement

syndrome right shoulder with adhesive capsulitis. The treatment plan included Flexeril 10 mg 3 times a day as needed severe, acute muscle spasms #30 and Dendracin lotion for severe neuropathic pain in the extremities #120 ml.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 7.5 #30, no NDC#, no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Salicylate topicals Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, the objective functional benefit was not provided for the requested medication in terms of muscle spasms. It was documented the injured worker continued to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation of exceptional factors, the request for Flexeril 7.5 #30, no NDC#, no refills is not medically necessary.

**Dendracin Lotion #120, no NDC#, no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Capsaicin, Topical Page(s): 105,111,28. Decision based on Non-MTUS Citation Dendracin, Online Drug Insert.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicates that topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and

chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants as the injured worker remained on gabapentin. There was a lack of documentation indicating exceptional factors to support the necessity for a formulation of capsaicin of 0.0375% versus 0.025%. The request as submitted failed to indicate the frequency and body part to be treated with the Dendracin lotion. Given the above and the lack of documentation, the request for Dendracin lotion #120, no NDC#, no refills is not medically necessary.