

Case Number:	CM15-0037362		
Date Assigned:	03/05/2015	Date of Injury:	05/28/2014
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 29-year-old female, who sustained an industrial injury on 05/28/2014. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar radiculopathy secondary to lumbar disk herniation of L4-L5, neural foraminal stenosis and nerve root compromise, musculoligamentous sprain/strain of the lumbar spine and left ankle sprain. Treatment to date has included oral, topical and injectable pain medication, heat wraps, physical therapy and a home exercise program. In a progress note dated 01/08/2015, the injured worker complained of continued low back and bilateral leg pain. Objective physical examination findings were notable for reduced lumbar range of motion, moderate to severe tenderness to palpation over the lumbar paravertebral and gluteal muscles bilaterally, positive straight leg raise, decreased range of motion of the left ankle, edema over the left lateral ankle joint and tenderness over the left lateral ankle area. The medications listed are Anaprox, Tramadol and Dendracin lotion. The physician noted that Dendracin lotion for the lumbar spine would be continued. The UR recommended non certification for Dendracin lotion 120ml on 2/3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120ml, promolaxin 100mg quantity 100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with lumbar radiculopathy that is also responsive to these first line medications. The Dendracin lotion contains methyl salicylate 30%, capsaicin 0.0375% and menthol 10%. There is lack of guidelines or FDA support for the chronic use of methyl salicylate or menthol in the chronic treatment of discogenic lumbar pain. The criteria for the use of Dendracin lotion 120ml was not met. The CA MTUS and the ODG guidelines recommend that prophylactic measures to prevent opioid induced constipation should be implemented at initiation and continued during chronic opioids treatment. It is recommended that medication management be utilized when other treatment measures including increased fluid and fiber intake have failed. The chronic use of laxatives is associated with tolerance, dependency and gastrointestinal dysfunction. The records did not indicate ongoing constipation that has failed non medications treatment measures. The criteria for the chronic use of Promolaxin 100mg #100 was not met.