

Case Number:	CM15-0051130		
Date Assigned:	03/24/2015	Date of Injury:	09/22/1983
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/18/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male patient, who sustained an industrial injury on 09/22/1983. The diagnoses include lumbar degenerative disc disease, displaced lumbar disc, lumbar compression fracture, lumbar radiculitis, and intermittent insomnia due to pain. Per the doctor's note dated 09/17/2013, he had complaints of chronic low back pain with radiation to lower extremities. He had significant improvement in neuropathic pain with the use of Gabapentin, which dramatically reduced the burning pain in the left lower extremity. The physical examination of the lumbar spine revealed tenderness, limited range of motion, positive straight leg raising on the left. The medications list includes Norco, ibuprofen, tizanidine, omeprazole, gabapentin and dendracin lotion. He has had MRI of the lumbar spine on 10/16/2012, which revealed L1 compression fracture. Treatment to date has included conservative care, medications, conservative therapies, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dendracin lotion (DOS: 09/17/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Retrospective request for Dendracin lotion (DOS: 09/17/13) Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Topical salicylate like methyl salicylate is recommended. However, there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. Patient had improvement with oral gabapentin. Evidence of failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA MTUS, Chronic pain treatment guidelines. With this, it is deemed that the medical necessity of retrospective request for Dendracin lotion (DOS: 09/17/13) was not established for this patient; the request is not medically necessary.