

<b>Case Number:</b>	CM15-0059038		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 49-year-old female who sustained an industrial injury on 12/6/13. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar strain/sprain, lumbar degenerative disc disease, lumbar disc pathology and lumbar radiculopathy. Treatments to date have included oral pain medication, physical therapy, activity modification, non-steroidal anti-inflammatory drugs, and Electromyography. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120ml:** 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 analgesic Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** The patient presents on 02/18/15 with unrated pain and stiffness in the left leg, and lower back pain, which radiates into an unspecified lower extremity. The patient's date of injury is 12/06/13. Patient has no documented surgical history. The request is for Dendracin 120ML. The RFA is dated 02/19/15. Physical examination dated 02/18/15 reveals tightness in the lower back during straight leg raise test, no other positive physical examination findings were documented. The patient is currently prescribed Dendracin cream, and Tylenol with Codeine. Diagnostic imaging included MRI of the lumbar spine dated 06/05/14, significant findings include: "L4-5 3mm disc protrusion centrally and eccentric toward the left encroaching on the descending left L5 nerve root." Patient is currently working with duty modifications. Dendracin lotion is a compound topical cream that includes menthol methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded." In regard to the continuation of Dendracin cream for this patient's chronic pain, the requesting provider has not documented efficacy of this topical medication. Progress reports indicate that this patient has been prescribed Dendracin cream since at least 01/30/15, though there is no discussion of medication efficacy in the subsequent reports. MTUS guidelines require documentation of efficacy or functional improvement attributed to medications in order to substantiate continued use. In this case, no such documentation was provided. Therefore, the request is not medically necessary.

**Acetaminophen with Codeine 300/30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 02/18/15 with unrated pain and stiffness in the left leg, and lower back pain, which radiates into an unspecified lower extremity. The patient's date of injury is 12/06/13. Patient has no documented surgical history. The request is for acetaminophen with codeine 300/30MG. The RFA is dated 02/19/15. Physical examination dated 02/18/15 reveals tightness in the lower back during straight leg raise test, no other positive physical examination findings were documented. The patient is currently prescribed Dendracin cream, and Tylenol with Codeine. Diagnostic imaging included MRI of the lumbar spine dated 06/05/14, significant findings include: "L4-5 3mm disc protrusion centrally and eccentric toward the left encroaching on the descending left L5 nerve root." Patient is currently working with

duty modifications. MTUS Guidelines pages 88 and 89 under Criteria for Long-term use of Opioids states: "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior- as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief." In regard to the request for Tylenol 3 for this patient's chronic pain, the treating physician has not provided adequate documentation to continue its use. This patient has been receiving Tylenol 3 since at least 01/30/15. This progress note describes that the patient took a break from this medication owing to dizziness with use, but resumed at the provider's request. The subsequent progress notes do not mention medication efficacy or provide specific functional improvements. MTUS requires documentation of pain reduction via a validated instrument or numerical scale, and activity-specific functional improvements. Progress notes do not contain consistent drug screens or a discussion of a lack of aberrant behavior, either. The provided documentation does not satisfy the 4A's as required by MTUS to substantiate continued use of this medication. The request is not medically necessary.