

Case Number:	CM14-0114504		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2003
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old male with an injury date of 05/15/03. Per the 04/24/14 consultation report by [REDACTED], the patient presents with constant pain mostly in the low back with pain radiating to both legs all the way down to the feet, more on the right than the left. Pain is rated 7-8/10 increasing to 10/10 when aggravated by activities. The patient further presents with neck pain radiating to the bilateral shoulders rated 7-8/10 along with bilateral hip and knee pain. The patient requires a cane to ambulate. Examination reveals moderate to severe tenderness over the thoracic paraspinal trapezius, rhomboideus muscles bilaterally. Examination of the head and neck reveals there is moderate to severe tenderness over the erector capitis and trapezius muscles. Palpation of the lumbar spine reveals tenderness over the lumbar paravertebral and gluteal muscles bilaterally with a positive straight leg raising test. The patient's diagnoses include: 1. Lumbar radiculopathy secondary to degenerative disc disease of the lumbar spine 2. Bilateral hip pain, consistent with bilateral osteoarthritis, bilateral hips 3. Neck pain consistent with degenerative disc disease of the cervical spine 4. History of bilateral ulnar neuropathy 5. Bilateral shoulder pain consistent with impingement syndrome The utilization review being challenged is dated 07/03/14. Treatment reports were provided from 02/17/14 to 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Dendracin 120 ml, 3-4 x a day, DOS 6/23/14 - 6/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Topical Analgesics Page(s): 63-64, 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 29.

Decision rationale: The patient presents with low back pain radiating to legs and feet, neck pain radiating to the shoulders, bilateral hip and bilateral knee pain. The treating physician requests for Retrospective Dendracin 120 ml, 3-4 x day DOS 06/23/14 to 06/23/14. The National Library of Medicine, National Institutes of Health state that Dendracin lotion is a compound of Capsaicin .0375%, Menthol 10%, and Methyl Salicylate. Please see: dailymed.nlm.nih.gov. MTUS guidelines state the following about Capsaicin: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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." The .0375% formulation of Capsaicin is not recommended by MTUS; therefore, the request is not medically necessary.