

Case Number:	CM14-0162279		
Date Assigned:	10/07/2014	Date of Injury:	11/22/2004
Decision Date:	11/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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, 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 49 year old with an injury date on 11/22/04. Patient complains of continuing intermittent low lumbar pain with numbness and improving bilateral elbow pain per 9/6/14 report. Patient has no new symptoms, and states medications help with pain over 50% and keep pain under control per 9/6/14 report. Based on the 9/6/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar degenerative disc disease, 2. lumbosacral or thoracic neuritis or radiculitis, 3. sacroiliac strain. Exam on 9/6/14 showed "tenderness to palpation of L-spine especially L5-S1 PSM. Decreased L-spine range of motion. Normal gait." Patient's treatment history includes medications, and a home exercise program. [REDACTED] is requesting retrospective request for 1 prescription for Dendracin cream 120mls, and retrospective request for 1 prescription for Diclofenac ER 100mg #60. The utilization review determination being challenged is dated 9/19/14 and certifies the request for Diclofenac . [REDACTED] is the requesting provider, and he provided treatment reports from 9/6/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Dendracin cream 120mls: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topicalSalicylate topicalsMentholDiclofenac (Volt).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topical Page(s): 111-113, 105.

Decision rationale: This patient presents with lower back pain and bilateral elbow pain. The treater has asked for retrospective request for 1 prescription for dendracin cream 120mls on 9/6/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, dendracin contains methyl salicylate and capsaicin. Methyl salicylate, an NSAID, is indicated for peripheral joint arthritis/tendinitis while Capsaicin is indicated for most chronic pain condition. However, the treater does not document how this topical product is being used and with what effectiveness. There is a general statement that medications reduce pain but there is no specific discussion regarding this topical product. Without documentation regarding pain and function specific to this product, on-going use would not be recommended. Recommendation is for denial.

Retrospective request for 1 prescription for Diclofenac ER 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Salicylate topicals Menthol Diclofenac (Volt).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with lower back pain and bilateral elbow pain. The treater has asked for retrospective request for 1 prescription for diclofenac ER 100mg #60 on 9/6/14. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, requested Diclofenac 7.5 #60 with 2 refills appears reasonable for patient's chronic back pain. Recommendation is for authorization.