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| Case Number: | CM13-0054266 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/04/2004 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 36 year old male who suffered a work related injury on 03/04/2004. Diagnoses include lumbar post-laminectomy syndrome, status post PLIF and L4-5, bilateral lower extremity radiculopathy, left greater than right, spinal cord stimulator placement 12/19,2011, depression, and cervical spine myoligamentous injury. Treatment has included medication, physical therapy, cognitive behavioral psychotherapy sessions, and injections. A physician progress note dated 10/18/2013 documents the injured worker complains of lumbar pain which radiated to the lower extremity. The lumbar area was tender to palpation with muscle rigidity, and numerous trigger points. There was decreased range of motion with flexion and extension, and there was guarding present. His gait is antalgic. He is partially temporarily disabled with no lifting, pushing or pulling over 10 pounds, and no repetitive bending, stooping or climbing. The request is for Dendracin topical analgesic cream, 120ml, three times a day. Utilization Review done on 11/03/2013 non-certifies the request for Dendracin topical analgesic cream, 120ml, three times a day, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Treatment Guidelines-Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOPICAL ANALGESIC CREAM 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dendracin topical analgesic cream 120 MLs is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product contains at least one drug (or drug class) that is not recommended is not recommended. Topical salicylates are significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo, but larger, more valid studies were without significant effect. In this case, the injured worker's working diagnoses are lumbar postlaminectomy syndrome; status post PLIF at L4-L5 (11/12/07); bilateral lower extremity radiculopathy, left greater than right; situational depression; spinal cord stimulator placement (12/19/11); cervical spine myoligamentous injury; motor vehicle accident 3/28/12, industrial related; xerostomia with resultant dental decay due to industrial medication use; and medication induced gastritis. Subjectively, the injured worker has ongoing low back pain that radiates down the lower extremities bilaterally. An implanted spinal cord stimulator provides 40 to 50% relief to his lower back and radicular symptoms. Objectively, there is tenderness to palpation over the lumbar musculature bilaterally. Dendracin topical ointment was prescribed as far back as March 12, 2013. The documentation does not contain evidence of objective functional improvement with its use. Consequently, absent clinical documentation support the ongoing use of Dendracin topical ointment with evidence of objective functional improvement, Dendracin topical analgesic cream 120 MLs is not medically necessary.