

Case Number:	CM14-0213657		
Date Assigned:	12/31/2014	Date of Injury:	03/01/2012
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 52-year-old female with a date of injury of 03/01/2012. According to progress report dated 10/14/2014, the patient presents with continued pain in her neck, upper back, and shoulders. She has tingling sensation down to her fingertips. She continues to participate in cognitive behavior therapy and has completed 12 physical therapy sessions. The patient is status post C4 through C7 ACDF performed on 08/14/2013. Current medications include Dilaudid 4 mg, omeprazole for GI symptoms, Restoril for insomnia, and Laxacin for medication-induced constipation. The patient denies any intolerable side effects with medication. Physical examination of the cervical spine revealed diffuse myofascial tenderness over the bilateral trapezius, rhomboid, levator scapula, and over the paraspinal cervical region. The patient also has tenderness over the upper to mid thoracic paraspinal musculature. There is 1 to 2+ muscle spasms noted. Cervical range of motion is stiff in all directions, however, not limited. The listed diagnoses are: 1. Cervicalgia with myofascial pain. 2. Status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion performed on 08/14/2013. 3. Cervical spine sprain/strain. 4. Cervical radiculopathy. 5. Status post right carpal tunnel release with residual symptoms. 6. Lumbar sprain/strain with persistent low back pain. 7. Depression. 8. Insomnia. Treatment plan is for patient to continue with medications and return to clinic in one month. This is a request for Dendracin lotion #120 mL. The utilization review denied the request on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion #120 ml: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with continued pain in the neck, upper back, and shoulders with tingling sensation down to her fingertips. The current request is for Dendracin lotion #120 mL. The utilization review denied the request stating that "though the claimant failed first line neuropathic medication gabapentin, there is no indication of failed Lyrica, which is also recommended as a first-line oral medication for neuropathic pain." Dendracin lotion is a compound topical cream that includes menthol methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. 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." The medical file provided for review including progress reports dated 08/07/2014 through 11/26/2014 provide no discussion regarding this medication. It appears to be an initial request. In this case, the patient appears to meet the indication for the use of topical NSAID and capsaicin given the patient's wrist condition. Given patient's carpal tunnel syndrome, a trial of Dendracin lotion is within MTUS Guidelines. This request is medically necessary.