

<b>Case Number:</b>	CM14-0216034		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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 & 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 patient is a 29 year old female with the injury date of 05/28/14. Per physician's report 09/19/14, the patient has low back pain. MRI of the lumbar spine does not show any significant disc herniation or stenosis. The diagnosis is lumbar radiculopathy. The patient returns to work with restrictions. Per 07/28/14 progress report, the patient has been taking medications without any improvement. The patient has had physical therapy in the past. The pain is located on the left lumbar region. It does not radiate down into her lower extremity. There are no associated symptoms. The diagnosis is sciatica. Per 06/30/14 progress report, the patient has increased lumbar pain. The patient admits to have unchanged pain and function. The utilization review determination being challenged is dated on 12/11/14. Treatment reports were provided from 05/28/14 to 09/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain in her lower back. The request is for ANAPROX 550mg, UNSPECIFIED QUANTITY. None of the reports mention medication. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this medication or this request. This patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS. The utilization review letter on 12/11/14 already modified this request of ANAPROX, unspecified quantity to #60. However, without documentation of it's use along with efficacy, MTUS does not support it. The request of ANAPROX, unspecified quantity IS NOT medically necessary.

**Dendraclin plan relief lotion 120mg:** 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 analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain in her lower back. The request is for DENDRACIN LOTION 120gm. None of the reports mention Dendracin, nor is there any indication of when the patient began taking this medication. Dendracin lotion is a compounded topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. MTUS Guidelines pages 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. There is no indication of when the patient began using Dendracin topical analgesic cream and there is no discussion on how this compound product is used and with what efficacy. Review of the reports provided does not mention if the patient has failed any antidepressants and anticonvulsants. Furthermore, this patient presents with low back pain for which topical NSAID is not indicated. This request is not medically necessary.