

Case Number:	CM15-0012526		
Date Assigned:	01/30/2015	Date of Injury:	04/20/2010
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 35-year-old male, with a reported date of injury of 04/20/2010. The diagnoses include low back pain, multi-level degenerative disc disease and facet hypertrophy at L3-3, L4-5, and L5-S1, degenerative retrolisthesis at L4-5, multi-level disc protrusion, moderate central stenosis at L4-5. Treatments have included physical therapy, a right L3-4, L4-5, and L5-S1 radiofrequency rhizotomy on 01/31/2013, Norco, and Dendracin lotion. The injured worker failed gabapentin and Lyrica, and Naprosyn was discontinued. The progress report dated 12/15/2014 indicates that the injured worker remained symptomatic with pain across the low back, which radiated down the left lower extremity. He admitted to numbness and tingling, and a sharp burning pain that shot down the left leg and across the low back. It was noted that the injured worker completed 11 of 12 physical therapy treatments. The physical therapy improved his range of motion, but did not improve his pain levels. The lumbar radiofrequency rhizotomy provided 50% improvement of the low back pain. The injured worker rated his pain 6 out of 10 with medication and 9-10 out of 10 without medication. He noted 40% improvement in pain and function with the current medication regimen. He continued to have improved ability to participate in his activities of daily living, general function, and household activities. The injured worker requested the continuation of Dendracin lotion for neuropathic pain. On 12/31/2014, Utilization Review (UR) denied the request for Dendracin lotion #120ml, noting that there was no documentation of localized peripheral pain after there had been evidence of a trial of first-line therapy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Dendracin contains .0375% Capsacin, 30% MethylSalicylate and 10% Menthol. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, the claimant had already been on opioids and NSAIDs while on the Dendracin. There was no indication of decreased use of oral medications due to Dendracin use or improved pain scores. Therefore Dendracin is not medically necessary.