

Case Number:	CM15-0113700		
Date Assigned:	06/22/2015	Date of Injury:	01/02/2014
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male who sustained an industrial injury on 01/02/2014. Current diagnoses include status post crush injury to right upper extremity with open reduction internal fixation (ORIF) right radius and ulna, status post ulnar nerve allograft, right ulnar neuropathy with possible complex regional pain syndrome, cervical spine sprain/strain with right neck pain, right shoulder pain with probable posterior labrum tear per MRI, and severe right ulnar neuropathy, and ulnar nerve nonfunctional per EMG. Previous treatments included medication management, ORIF of the olecranon and the radius, soft tissue reconstruction and nerve grafting, hardware removal on 04/01/2015, psychotherapy, and right stellate ganglion blocks. Initial injuries occurred to the right arm when a wall fell onto it and crushed it. Report dated 05/06/2015 noted that the injured worker presented with complaints that included pain in the right upper extremity including the right shoulder, right elbow, neuropathic pain in the distal right upper extremity over the path of the ulnar nerve, wrist and hand pain, weakness, color change, and swelling. Current medications include Oxycontin, oxycodone, gabapentin, trazodone, Laxacin, and Dendracin lotion. It was noted that the Dendracin is used adjunctively with gabapentin for topical neuropathic pain in the right upper extremity. Pain level was 5 out of 10 on a visual analog scale (VAS) with medications. The injured worker notes 40%-50% improvement with pain and function, significant decrease in burning sensation as well as improved ability to utilize his right arm. Physical examination was positive for cervical spine and right shoulder acromioclavicular joint tenderness, discomfort with forward flexion, limited range of motion with internal and external rotation of the right upper extremity, tenderness in the elbow with positive allodynia, strength remains unchanged, positive Tinel's at the elbow,

slight erythema, nail, and hair changes, and mild swelling. The treatment plan included requests for Oxycontin, oxycodone, gabapentin, trazodone, Laxacin, and Dendracin lotion, continue psychotherapy, start physical therapy, discussed results of electrodiagnostic study performed on 03/25/2015 which revealed severe right ulnar neuropathy, ulnar nerve nonfunctional, and return in one month. Disputed treatments include Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml for neuropathic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a right upper extremity crush injury in January 2014 and continues to be treated for right upper extremity neuropathic pain. When seen, there was cervical her spinal muscle tenderness. There was decreased and uncomfortable shoulder range of motion with tenderness. There was elbow tenderness with allodynia and positive Tinel's testing. Other physical examination findings were consistent with a diagnosis of CRPS. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine which, can be recommended for localized peripheral pain. In this case, the claimant has not failed a trial of topical lidocaine or of over the counter medications such as Ben-Gay or Icy Hot or of capsaicin. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. This medication is not medically necessary.