

Case Number:	CM15-0114370		
Date Assigned:	06/22/2015	Date of Injury:	07/08/2003
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
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: New Jersey

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 48-year-old female, with a reported date of injury of 07/08/2003. The diagnoses include status post anterior and posterior L4 through S1 fusion, opioid dependency, and elevated liver enzymes. Treatments to date have included methadone, Oxycodone, gabapentin, Norco that was discontinued, physical therapy with failed results, epidural injections without significant benefit, lumbar fusion on 06/28/2006, spinal cord stimulator trial on 01/23/2013, and removal of trial leads on 01/28/2013 without significant benefit. The progress report dated 05/05/2015 indicates that the injured worker felt that the methadone had not been effective. She stated that she was having more back pain. The injured worker complained of pain to the mid and low back. She had numbness in her left lower extremity but denied any radicular symptoms. The injured worker also complained of pain to the left knee. She rated her pain 8 out of 10 with the use of medication, and 10 out of 10 without medication. She stated that she had approximately 20-30% improvement in pain levels, but had at least 40-50% improvement in function. The injured worker stated that she was able to perform her activities of daily living. She denied any intolerable side effects, and did not demonstrate any drug seeking behavior. The injured worker had signed a pain management agreement and continued to comply with the guidelines. She had completed an opioid risk assessment profile and was found to be at low risk for opioid abuse. It was noted that the injured worker had failed Dendracin lotion. The physical examination showed a slightly antalgic gait, moderate distress, tearful, moderate tenderness from L1 to S1, muscle spasms in the lumbar spine, decreased lumbar range of motion, negative bilateral straight leg raise test, hyperesthesia in the S1 dermatome bilaterally, and reduced bilateral Achilles reflexes. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Dendracin lotion 120ml.

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; Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 111-113, AND Salicylate topicals, p. 105, AND Capsaicin, topical, pp. 28-29.

Decision rationale: Dendracin is a topical analgesic, which contains Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, there was no obvious contraindication to at least trying this analgesic lotion as she had tried and failed various other treatments for her chronic pain. However, upon review of the documentation, the progress notes prior to this request being submitted stated, "The patient has failed Dendracin lotion." This is confusing as the provider had later recommended this medication and submitted it for approval. Without a clarification of this statement, the reviewer will assume this medication was tried and failed to reduce the neuropathic pain of this worker. The request is not medically necessary at this time.