

Case Number:	CM15-0115775		
Date Assigned:	06/24/2015	Date of Injury:	12/04/2012
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 45 year old male who sustained an industrial injury on 12/04/2012. He has reported subsequent neck, left shoulder, low back, left elbow and wrist pain and was diagnosed with lumbar and cervical strain and degenerative disc disease, left shoulder subacromial impingement syndrome, status post left distal radius fracture and right L5 and S1 radiculopathy. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, epidural steroid injection, chiropractic treatment, physical therapy, acupuncture and surgery. The injured worker underwent left shoulder arthroscopic surgery on 04/07/2015. In a progress note dated 04/22/2015, the injured worker complained of neck pain radiating to the left upper extremity and low back pain radiating to the right lower extremity with numbness and tingling. Pain was rated as 6/10 with medication and 9-10/10 without medication and was noted to be as low as 3-4/10 at times. Pain medications were noted to provide 40-50% improvement in pain and function. Objective findings were notable for decreased range of motion of the cervical spine, lumbar spine and left shoulder, persistent tenderness of the left wrist, bilateral lumbar paraspinal tenderness and muscle spasm and positive straight leg raise on the right at 45 degrees. The physician noted that the injured worker discontinued the Butrans patch due to itching and that he was not a candidate for opioid medication or acetaminophen due to elevated liver enzymes. The injured worker was noted to be using Gabapentin which was reported to be beneficial in reducing neuropathic pain and to be using Diclofenac. A request for authorization of Dendracin lotion 240 ml (methyl salicylate, benzocaine, menthol, topical analgesic) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 240 ml (methyl salicylate, benzocaine, menthol, topical analgesic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin, salicylate topicals, Topical Analgesics Page(s): 28-29, 104, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Salicylate Topicals and Other Medical Treatment Guidelines Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Dendracin contains Methyl Salicylate, Benzocaine, Menthol, and Capsaicin. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. The concentration of the prescribed ingredients was not specified. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS does not recommend 0.0375% capsaicin, as there evidence is lacking and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS does not address topical benzocaine. Lidoderm is the only topical anesthetic recommended for chronic pain in the MTUS. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. As per the MTUS and Official Disability Guidelines (ODG), salicylate topicals are "recommended as an option and are significantly better than placebo in the treatment of acute and chronic pain." The documentation shows that the injured worker had been taking oral Gabapentin for neuropathic pain and that this was beneficial at reducing pain. Medications were noted to reduce pain from 9-10/10 to 6/10 and at times to as low as 3-4/10. The documentation doesn't support that the injured worker's current pain medication regimen was ineffective at relieving pain or that the use of Dendracin lotion was necessary. There was also no specific mention of a plan to prescribe this topical pain medication in the most recent PR2 report from 04/22/2015 so the physician's reasoning for prescription is unclear, as is the specific area of the body being treated. Directions for use were also not specified. Therefore, the request for Dendracin lotion 240 ml (methyl salicylate, benzocaine, menthol, topical analgesic) is not medically necessary.