

Case Number:	CM15-0118399		
Date Assigned:	06/26/2015	Date of Injury:	06/17/2014
Decision Date:	09/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 38 year old female who sustained an industrial injury on 06/17/2014 resulting in pain to the low back. Treatment provided to date has included: physical therapy (6); Chiropractic treatments (6), chiropractic treatment; medications (nabumetone, Flexeril, meloxicam, and gabapentin), and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2014) showing mild disc desiccation, mild disc bulging, and small posterior central disc protrusion and annular tear with minimal spinal canal narrowing. There were no noted comorbidities, however, there was a reported previous injury date of 2012. On 12/19/2014, physician progress report noted complaints of low back pain with bilateral leg pain (right worse than left). The pain was rated 5/10 in severity, and was described as dull. The injured worker reported that physical therapy and chiropractic treatments have helped. Current medications include gabapentin, Flexeril and meloxicam. The physical exam revealed an antalgic gait, tenderness to palpation of the L4-5 spinal process with noted lumbar spasms, restricted (but improved from previous exam) range of motion in the lumbar spine, negative seated straight leg raises bilaterally, positive supine straight leg raise on the right, and mildly decreased motor strength in the right lower extremity. The provider noted diagnoses of L5 radiculitis, S1 radiculitis, L5-S1 disc herniation, lumbar disc herniation, and lumbar strain. Plan of care includes acupuncture (pending), electrodiagnostic testing (pending), and continuation of current medications. There was also a Transfer of care exam dated 12/23/2014 that showed a pain level of 6/10 (average) with a rating of 4/10 at its best and 8/10 at its worst. No other significant changes were noted. This physician stated that he did not have a list of the injured

worker's current medications, but did prescribe Dendracin and a Lidocaine patch. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: retrospective request for Dendracin and Lidocaine patch 4% with a date of service (DOS) of 12/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Dendracin (DOS 12/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Capsaicin, topical Page(s): 111-113, 28-29.

Decision rationale: Dendracin (neurodendraxcin) is a brand name topical medication containing capsaicin, Menthol, and Methyl Salicylate. According to the California MTUS Guidelines (2009), topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. In this case, Dendracin lotion contains methyl salicylate, menthol and capsaicin. There is a lack of documentation that the injured worker is intolerant of other treatments or has failed to respond to other treatments. Specifically, the injured worker's current medications are reducing her pain to a level as low as 4/10. Additionally, two of the treating physician's state that acupuncture is being requested and thought to help reduce the remaining pain. Medical necessity for the requested topical agent was not established. The requested Dendracin was not medically necessary.

Retrospective request: Lidocaine patch 4% (DOS 12/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics, such as the Lidoderm 4% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids or antidepressants. Lidoderm is the brand name for a

Lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the Lidocaine patch was not established as there is no diagnosis or evidence of post-herpetic neuralgia. The certification of the requested Lidocaine patch was not medically necessary.