

Case Number:	CM15-0122340		
Date Assigned:	07/10/2015	Date of Injury:	05/15/2011
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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 27 year old male with an industrial injury dated 05/15/2011. The injured worker's diagnoses include low back and lower extremity pain with weakness, status post L4-L5 microdiscectomy on 4/23/2014, L4-L5 left paramedian broad base disc bulge with ventral intrathecal sac and left L5-S1 exiting nerve root resulting in mild left sided neuroforaminal stenosis, multilevel lumbar degenerative disc disease and left sacroiliac (SI) joint pain status post injection dated 3/26/2015 with no improvement. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, left L5-S1 facet medial branch blocks, acupuncture therapy, sacroiliac injections and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported left sided low back pain with radiation into the left buttock and thigh. The injured worker also reported weakness, numbness and tingling in the left lower extremity. Objective findings revealed slightly antalgic gait, well healed midline surgical incision with mild hyperpathia over the scar region, and slight tenderness over the left posterior-superior iliac spine. Lower extremity exam revealed positive straight leg raises on the left, positive Patrick's test, positive Gaenslen's test and positive pelvic compression test. The treating physician also reported decreased sensation in the left S1 greater than the L5 nerve root. The treating physician prescribed Dendracin lotion #240ml now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion #240ml: 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 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. There 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 anti-convulsants have failed. Dendracin contains: Methyl Salicylate 30%, Capsaicin 0.0375% According to the guidelines: Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the Capsaicin quantity in Dendracin exceeds the amount recommended by the guidelines. In addition, the claimant had been on the Dendracin for over a month and long term use is not recommended. Any compounded that is not recommended is not recommended for the entire topical formulation. Dendracin is not medically necessary.