

Case Number:	CM15-0123005		
Date Assigned:	07/07/2015	Date of Injury:	09/06/2012
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male, who sustained an industrial injury on September 6, 2012. The injured worker was diagnosed as having status post right wrist fusion with persistent pain and left knee internal derangement and status post arthroscopic surgery. Treatment to date has included surgery, physical therapy, injections and opioids. A progress note dated June 3, 2015 provides the injured worker complains of right hand and wrist pain and left knee pain. Physical exam notes a well-healed surgical scar, tenderness on palpation, decreased range of motion (ROM) and decreased strength of the right forearm. The plan includes Dendracin lotion, Lidocaine, gabapentin, Lyrica and naproxen.

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 Topical analgesics Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Capsaicin Topical Page(s): 111, 113, 29, 60, 61. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov.

Decision rationale: Based on the 06/03/15 progress report provided by treating physician, the patient presents with pain to right forearm extending into the mid hand. The patient is status post 4 surgeries to the hand and wrist, per 06/03/15 report, to include right wrist fusion on 01/27/14. The request is for Dendracin lotion 120ML. Patient's diagnosis per Request for Authorization form dated 04/24/15 and 06/11/15 includes pain in joint, forearm. Physical examination to the right upper extremity on 06/03/15 revealed well-healed surgical scar over the volar aspect of the distal forearm, and tenderness over the lateral and medial wrist region. Grip strength and range of motion decreased on wrist flexion and extension. Treatment to date has included surgery, physical therapy, injections and medications. Patient's medications include Lyrica, Lidocaine gel, Dendracin lotion, and Naproxen. The patient is retired, per 05/26/15 report. Per dailymed.nlm.nih.gov, The National Library of Medicine, National Institutes of Health state that Dendracin is a compound of Capsaicin .0375%, Menthol 10%, and Methyl Salicylate. MTUS Guidelines pages 111 have the following regarding topical creams: "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis." MTUS, pg 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. MTUS page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded." Per 06/03/15 report, treater states "the patient rates his pain a 4/10 with the use of Lyrica and Dendracin. Without medication, he rates his pain an 8/10. The patient continues to note moderate improvement in neuropathic pain. He notes improved ability to be more active and use his right upper extremity. The patient denies any intolerable side effects. The Dendracin lotion has been beneficial and additive in treatment as second line therapy for neuropathic pain in the right upper extremity." MTUS supports topical NSAIDs for peripheral joint arthritis and tendinitis pain. Given patient's postoperative status, continued wrist symptoms and documentation of medication efficacy, the requested topical would appear to be indicated. However, 0.0375% formulation of capsaicin is not supported by MTUS for topical use in lotion form. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.