

Case Number:	CM15-0062821		
Date Assigned:	04/09/2015	Date of Injury:	03/01/2012
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 53 year old female who sustained an industrial injury on 3/1/12. The diagnoses have included cervicalgia with myofascial pain, lumbar sprain/strain, cervical sprain/strain, cervical radiculopathy, persistent low back pain and carpal tunnel symptoms/complaints. Treatment to date has included medications, surgery, activity modifications, physical therapy, and interferential unit. Surgery has included cervical discectomy and fusion dated 8/14/13. There were no recent diagnostics noted. The current medications included Dilaudid, Omeprazole, Temazepam, Laxacin, and Dendracin lotion. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of neck, knee and upper back pain. She also complains of residual pain in the upper extremities and lower back with pain, numbness and tingling. The pain radiates to the low back and depression was noted. The objective findings revealed restricted motion, stiffness of the cervical spine with range of motion and Pain in the mid back with tenderness and tightness. The physician noted that he would recommend acupuncture, awaiting an ergonomic workstation, home exercise program (HEP) and follow up in 6 weeks. The physician requested treatment included Dendracin lotion #120ml for pain relief.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113. Capsaicin, topical Pages 28-29. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation DENDRACIN
<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/74-dendracin>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Medical records document a history of neck and back complaints. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. ACOEM indicates that non-steroidal anti-inflammatory drugs (NSAID) should be used only acutely. The patient's occupational injuries are chronic. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of topical Dendracin, which contains Methyl Salicylate, Capsaicin, and Menthol, is not supported by MTUS guidelines. Therefore, the request for Dendracin is not medically necessary.