

Case Number:	CM15-0090358		
Date Assigned:	05/14/2015	Date of Injury:	06/17/2013
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial injury on 06/17/2013. On provider visit dated 04/24/2015 the injured worker has reported low back and left lower extremity pain. On examination of the lumbar spine revealed mild to moderate bilateral paraspinous tenderness from L4- S1 with 1+ palpable muscle spasm. Negative twitch response and decreased lumbar lordosis was noted. Range of motion of lumbar spine was decreased was noted. Lower extremity exam was noted to have tenderness over the right sciatic notch, positive straight leg raise on the left side, decreased sensory to light touch was noted on left L5 and S1 dermatome. Per documentation, an electromyogram/nerve conduction velocity revealed left S1 radiculopathy (12/30/2013). The diagnoses have included multilevel lumbar disc degeneration. Treatment to date has included medication including Naproxen an anti-inflammatory in conjunction with Omeprazole to counteract side effects, and Dendracin for neuropathic pain. Other treatments have included injections, physical therapy, laboratory studies and acupuncture. The provider requested 1 container of Dendracin lotion 240 mL and 60 tablets of Omeprazole 20mg for gastritis and dyspepsia secondary to medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Dendracin lotion 240 mL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 111.

Decision rationale: The Dendracin in this case reportedly is for neuropathic pain. Dendracin is a compounded topical analgesic, which contains Methyl Salicylate 30 percent, Capsaicin 0.0375 percent, Menthol USP 10 percent and other proprietary ingredients. Chronic Pain Medical Treatment Guidelines note that topical analgesics are recommended as an option in certain circumstances. 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without evidence-based guideline to support the formulation of capsaicin in the compounded Dendracin cream as well as no evidence of failure of first-line treatment, the request is not medically necessary.

60 tablets of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.