MAXIMUS Federal Services

Case Number:	CM15-0090724		
Date Assigned:	05/15/2015	Date of Injury:	02/26/2008
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
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: New Jersey, New York
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 48 year old male who reported an industrial injury on 2/26/2008. His diagnoses, and/or impressions, are noted to include: degenerative thoracic disc disease; lumbar disc extrusion and excision 7/9/2008; status-post lumbar discectomy 10/17/2012; chronic pain syndrome with opioid dependency, and status-post detoxification March - April 2014; and depression. Recent lumbar spine x-rays were stated to have been done on 9/23/2014, recent computed tomography myelogram of the lumbar spine is noted on 10/21/2014, and no current magnetic imaging studies are noted. His treatments have included lumbar spine surgeries (7/2008) & 10/2012); medication management with opioids and detoxification program (2013); a current medication management regimen; and having been classified as having met maximum medical improvement. The history notes the co-morbid conditions of high blood pressure, hypothyroidism, gunshot wound to the stomach, right hand infection and right hernia repair, pre-industrial. An impairment rating report is noted on 7/15/2014. Progress notes of 4/6/2015 reported complaints of improvement in his insomnia with the use of Lunesta; improvement in pain and function with his current use of Norco; being symptomatic with low back and lower extremity pain that is aggravated by activity; significant labile with his anxiety and depression; and his continued efforts toward weight loss through diet and daily exercise. The objective findings were noted to include his current medications of Morphine for severe pain, Norco for breakthrough pain, Soma for muscle spasms, and Clonazepam for anxiety; moderate, bilateral lumbosacral tenderness and spasms, with decreased lumbar range-of-motion; positive straight right leg raise with decreased strength; hyperesthesia on the right sacral dermatome; and

decreased Achilles tendon reflex on the right. The physician's requests for treatments were noted to include Dendracin lotion for complaints of neuropathic pain; failed by trials of Gabapentin and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-113, 104.

Decision rationale: Dendracin (Menthyl salicylate, capsaicin, menthol) topical lotion is not medically necessary. According to MTUS guidelines, ny compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain and may improve his back pain. However, there are no guidelines for the use of menthol with the patient's complaints. Dendracin has capsaicin 0.0375% which according to MTUS has not been studied and there is no current indication an that increase over the standard 0.025% formulation is more efficacious. The request is considered not medically necessary.