

Case Number:	CM15-0093344		
Date Assigned:	05/20/2015	Date of Injury:	01/28/2004
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, New York
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:

This 62 year old male sustained an industrial injury on 1/28/04. He subsequently reported low back pain. Diagnoses include low back pain. The injured worker continues to experience low back pain with symptoms radiating to the lower extremities. Treatments to date include x-ray and MRI testing, physical therapy, injections and prescription pain medications. Upon examination, gait was normal but stiff. The back was painful to palpation in the lumbosacral junction. Straight leg raising was positive at 70 degrees on the left. Muscle strength was 5 of 5 in all areas. A request for Capsaicin-Methyl Sal-Menthol (Dendracin) 0.0375-10% topical lotion, per 3/5/15 order was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin-Methyl Sal-Menthol (Dendracin) 0.0375-10% topical lotion, per 3/5/15 order:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaisin 0.0375%, methyl salicylate 10%, menthol (Dendracin) topical lotion date of service March 5, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnosis is low back pain. The most recent documentation in the medical record is dated July 25, 2013. Request for authorization date is March 23, 2015. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. The injured worker was using Dendracin as far back as July 25, 2013. There is no documentation demonstrating objective functional improvement with its ongoing use. Capsaisin 0.0375% is not recommended. Any compounded product that contains at least one drug (Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, Capsaisin 0.0375%, methyl salicylate 10%, menthol (Dendracin) topical lotion is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Capsaisin 0.0375%, methyl salicylate 10%, menthol (Dendracin) topical lotion date of service March 5, 2015 is not medically necessary.