

Case Number:	CM15-0093565		
Date Assigned:	05/19/2015	Date of Injury:	04/04/1996
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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 67-year-old male, who sustained an industrial injury on 4/4/96. The injured worker was diagnosed as having recurrent low back pain and leg pain secondary to severe degenerative disc disease of the lumbar spine and constipation related to chronic use of opioid analgesics. Treatment to date has included lumbar laminectomy, discectomy, anterior-posterior interbody fusion at L2-L5 on 12/18/13, physical therapy and medication including Methadone, Gabapentin, Fexmid, Nucynta, Dendracin lotion, and Promolaxin. Currently, the injured worker complains of pain in the back with radiation to the thighs. The treating physician requested authorization for retrospective Promolaxin 100mg #100 and Dendracin 120ml both for the date of service 4/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Promolaxin 100mg #100 (DOS: 04/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, 2014 web edition, regarding Docusate.

Decision rationale: This medicine is the same as Docusate, a medicine used for constipation or stool softening. In this case, there is back and leg pain chronically since 1996. There has been a lumbar laminectomy. The opiate medicines, which could induce opiate constipation, are Methadone and Nucynta. However, there is no discussion of clinical constipation or the true clinical need for a stool softener/laxative medicine such as Promolaxin, also known as Docusate. Considering evidence-based materials, the MTUS and the ODG are silent on Docusate. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is again not clear that there actually was constipation, and therefore I am unable to confirm that that the medicine was essential. Further, if used, it should be used sparingly, as the body comes to expect the medicine in order to defecate. 100 tablets are simply too much, as the chronic use can actually cause the patient a decrement in bowel functions i.e. continuing to need the medicine to have a routine bowel movement. Finally, natural fiber and other sources of avoiding constipation were not tried and exhausted per the records. The request is appropriately non-certified.

Retrospective: Dendracin 120ml (DOS: 04/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: In this case, there is back and leg pain chronically since 1996. There has been a lumbar laminectomy. The opiate medicines are Methadone and Nucynta. 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, medical necessity is not established.