MAXIMUS Federal Services

Case Number:	CM13-0012382		
Date Assigned:	04/23/2014	Date of Injury:	11/15/1995
Decision Date:	06/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of November 15, 1995. Thus far, the applicant has been treated with analgesic medications, attorney representation, three prior knee surgeries, per the claims administrator, unspecified amounts of physical therapy and topical compounds. In a utilization review report dated July 30, 2013, the claims administrator denied a request for a topical compounded Dendracin lotion. The applicant's attorney subsequently appealed. A June 7, 2013 progress note was notable for comments the applicant reported persistent bilateral knee pain, 8/10. The applicant was feeling depressed owing to chronic pain, it was stated. The applicant was using ice, heat, and a TENS unit. The applicant's complete medication list was not stated; however, the applicant received prescriptions for Vicodin, Flexeril, Remeron, Prilosec, Naprosyn, and Dendracin, in additional to a request for gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Vicodin, Flexeril, Naprosyn, etc., effectively obviates the need for topical compounds, such as Dendracin, which are deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.