MAXIMUS Federal Services

Case Number:	CM13-0020097		
Date Assigned:	12/04/2013	Date of Injury:	11/20/1995
Decision Date:	02/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 wrist, finger, and knee pain reportedly associated with an industrial injury of November 20, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and a cane. In a utilization review report of August 27, 2013, the claims administrator denied a request for topical compounded Dendracin. The applicant's attorney later appealed. An earlier progress note of August 12, 2013 is notable for comments that the applicant is having ongoing issues with knee arthritis. She is contemplating a total knee arthroplasty. She is concerned that her knee gave out. She is on various oral medications, including morphine, Vicodin, Naprosyn, and tramadol. She is also using a TENS unit. Topical compounded Dendracin is also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the ACOEM Guideline, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds, which are, per page 111 of the MTUS Chronic Pain Guidelines "largely experimental." Therefore, the request for Dendracin lotion is not medically necessary and appropriate.