

Case Number:	CM13-0021113		
Date Assigned:	10/11/2013	Date of Injury:	02/06/2012
Decision Date:	03/12/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 46-year-old male who reported a work related injury on 02/06/2012, specific mechanism of injury not stated. Patient is treated for the following diagnosis: lumbar radiculopathy. Clinical note dated for 04/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued low back pain complaints. The provider documents patient was recommended to undergo lumbar epidural steroid injection at L4-5 and was dispensed Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin (duration and frequency unknown) dispensed on 6/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Section on Topical Analgesics Page(s): 105, 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient has exhausted a trial of first line therapy for his pain complaints, via a medication regimen other than ibuprofen. California MTUS indicates the requested topical analgesic is supported for temporary relief of minor aches and pains caused by

arthritis, simple backache, and strains. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given the lack of documentation evidencing the patient's reports of efficacy with his current medication regime, the request for Dendracin (duration and frequency unknown) dispensed on 6/27/13 is neither medically necessary nor appropriate.