

Case Number:	CM13-0021116		
Date Assigned:	12/04/2013	Date of Injury:	12/04/2001
Decision Date:	05/06/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Medicine, has a subspecialty in Preventive 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 63 year old male claimant sustained an injury on 12/4/01 resulting in back pain with radiculopathy and shoulder pain. He had undergone a left shoulder arthroscopy. He has been using an LSO brace for back support as well as therapy. He had been using Ultram, Ibuprofen and Topical Dendracin lotion (for several years) for pain. Most of the pain over 2 years of visits from 2010 to 2012 has been lumbar tenderness. An exam report on 7/30/13 indicated limited flexion and extension of the lumbar spine. A request was made then as well as on 8/20/13 for use of Voltaren , Ultram and Dendracin Lotion for right shoulder pain and lumbar radiculopathy.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Dendracin contains .0375% Capsaicin, 30% Methyl Salicylate and 10% Menthol. Compounded agents have very little to no research to support their use. According to the MTUS guidelines, capsaicin is recommended in doses under .025%. An increase over this

amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, documentation was lacking in regards to pain scores, direct response to topical Dendracin or decline in response without Dendracin. Therefore, the request is not medically necessary.