

Case Number:	CM13-0021849		
Date Assigned:	11/13/2013	Date of Injury:	09/08/1997
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 underlying date of injury in this case is 09/08/1997. This patient initially was injured when lifting and carrying a box. The patient is status post a left lumbar hemilaminectomy and discectomy in L4-5 and L5-S1, as well as a subsequent right L3-L4 discectomy in 09/2012. As of 06/14/2013, the patient received physician followup and was noted to be doing well overall, with improved postoperative pain, mild lumbar tenderness, and straight leg raising of the right positive at 90 degrees. An initial physician review notes that the medical records do not document that this patient failed first-line therapy to support indication for the requested Dendracin cream, and there was no documentation of intolerance of similar oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Dendracin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, states, "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." The medical records at this time do not provide a rationale as to why this patient would require this particular medication or the proposed mechanism of action consistent with the guidelines. Overall, the medical records and guidelines do not support this request. This request is not medically necessary.