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| Case Number: | CM13-0024126 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 07/12/2006 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 40-year-old male who was reportedly injured on July 12, 2006. The mechanism of injury was noted as lifting a trash bag while working as a fabric cutter. The most recent progress note, dated July 2, 2013, indicated there were ongoing complaints of low back pain with bilateral leg radiculopathy and depression. The physical examination demonstrated claimant used a cane. Straight leg raise is positive bilaterally at 45 degrees. Decreased sensation in the right posterior thigh in L5 distribution. Range of motion was decreased. Diagnostic imaging studies from March 24, 2011 reported a lumbar MRI with central disc herniation, bilateral facet hypertrophy at L4-L5, foraminal narrowing more on the right and bilateral facet narrowing at L5-S1. Previous treatment included back surgery, Lexapro, nonsteroidal anti-inflammatory agents, analgesics ad urine drug screen. A request was made for Dendracin and was not certified in the pre-authorization process on August 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION (METHYLATE / BENZOCAIENE / MENTHOL) FOR THE LUMBAR SPINE (DOS :05/02/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Dendracin is a topical formulation consisting of methylsalicylate, benzocaine and menthol. MTUS Chronic Pain Medical Treatment Guidelines considers topical analgesics as primarily experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when antidepressants or anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class), that is not recommended, is not recommended. The documentation failed to support the claimant has neuropathic pain but rather radiculitis and post laminectomy syndrome. Therefore, the need for this request is not medically necessary.