

Case Number:	CM13-0025740		
Date Assigned:	11/20/2013	Date of Injury:	02/09/2011
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with injury from 02/09/11. The progress report dated 9/4/13 by [REDACTED] noted that the patient continued with pain in the left lumbar spine facet joint that radiates to the bilateral buttocks especially with bending and twisting. Exam findings include: positive muscle trigger points and spasm of the bilateral lumbar spine paraspinal muscles. The patient's diagnoses include: myofascial pain syndrome; cervical strain; lumbar strain; lumbosacral facet syndrome. Medications include: Naprosyn; Omeprazole; Dendracin ointment; Lidocaine patch; Flexeril; and Lyrica. The item under review is Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion, prn x 2: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The progress report dated 9/4/13 by [REDACTED] noted that the patient continued with pain in the left lumbar spine facet joint

that radiates to the bilateral buttocks especially with bending and twisting. Exam findings include: positive muscle trigger points and spasm of the bilateral lumbar spine paraspinal muscles. The patient's diagnoses include: myofascial pain syndrome; cervical strain; lumbar strain; lumbosacral facet syndrome. Medications include: Naprosyn; omeprazole; dendracin ointment; lidocaine patch; flexeril; and lyrica. The item under review is Dendracin lotion, which is Methyl salicylate/benzocaine/menthol lotion. MTUS (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Lidocaine is indicated for neuropathic pain in the form of a dermal patch, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." lidocaine is only supported for topical application in the form of a patch. Dendracin lotion has benzocaine in it which is a local anesthetic similar to lidocaine. Recommendation is for denial.