

Case Number:	CM13-0026298		
Date Assigned:	11/22/2013	Date of Injury:	03/01/2007
Decision Date:	01/15/2014	UR Denial Date:	09/04/2013
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 Occupational 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 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 applicant filed a claim for chronic neck and knee pain reportedly associated with an industrial injury of March 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; medical foods; nutritional supplements; a TENS unit; attorney representation; 25 sessions of physical therapy over the life of the claim; Synvisc injections; knee steroid injections; and work restrictions. In a utilization review report of September 4, 2013, the claims administrator denied a request for topical Dendracin lotion. The utilization review report is somewhat truncated, it is incidentally noted. The applicant's attorney later appealed, on September 18, 2013. An earlier progress note of January 18, 2013, is notable for comments that the applicant is using two oral pharmaceuticals, Norflex and Neurontin for pain relief. A later progress note of November 1, 2013, is notable for comments that the applicant is using oral Naprosyn and Flexeril for pain relief as well as topical Dendracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin for neck, shoulders, elbows, wrists and knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using two first-line oral pharmaceuticals, Naprosyn and Flexeril, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the topical compounded Dendracin which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request for topical compounded Dendracin is non-certified on the grounds that the applicant is tolerating first-line oral pharmaceuticals and on the grounds that topical agents are deemed largely experimental by MTUS Chronic Pain Medical Treatment Guidelines