

Case Number:	CM13-0026564		
Date Assigned:	11/22/2013	Date of Injury:	04/25/2009
Decision Date:	02/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 54 year old man who sustained a work related injury that occurred on April 25, 2009. According to the July 16, 2013 treating physician progress note, the patient developed chronic left hand pain radiating from the left index finger to the palmar area up to the left elbow associated with a burning pain, numbness and tingling. His pain improved with the prescription of Neurontin. The patient was treated with epidural injection and sympathetic blocks. He failed conservative therapies and spinal cord stimulator. His physical examination showed left hand swelling, tenderness, discoloration and allodynia. The provider is requesting authorization to use Dendracin lotion and Ketoprofen/Gabapentin/Lidocaine lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Title 8. Industrial Relations Division, 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1. Administrative Director - Administrative Rules, Article 5.5.2. Medical Treatment Utilization Schedule, Chronic Pain Mana

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals are recommended and are better than placebo. There is no strong controlled studies supporting the efficacy of Dendracin. Furthermore, It is no clear from the records that the patient failed oral first line therapies, such as anticonvulsivant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin is not medically necessary.

Ketoprofen/Gabapentin/Lidocaine Lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division, 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1. Administrative Director - Administrative Rules, Article 5.5.2. Medical Treatment Utilization Schedule, Chronic Pain Manageme

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

Decision rationale: