

Case Number:	CM13-0031346		
Date Assigned:	12/04/2013	Date of Injury:	10/23/2009
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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.

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 57-year-old female who reported a work-related injury on 10/23/2009; specific mechanism of injury was not stated. Subsequently, the patient presents with complaints of lumbar spine pain, shoulder pain, arm pain, spondylolisthesis, neuritis of the thoracic spine and lumbar spine, and chondromalacia of the bilateral lower extremities. The patient's medication regimen includes Lortab, Fexmid, and Dendracin lotion. The clinical note dated 09/13/2013 reports final orthopedic evaluation of the patient under the care of [REDACTED]. The provider documents the patient had reached maximum medical improvement as of 09/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120ml, dispensed 7/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence specific rationale for the requested medication for the patient's pain complaints. The clinical notes did not document the patient had an intolerance to oral anti-inflammatory medication necessitating topical analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Given the lack of documentation evidencing the patient's requested efficacy with this medication and rationale for topical over oral analgesic, the request for Dendracin lotion 120ml, dispensed 07/11/2013 is not medically necessary or appropriate.