

Case Number:	CM13-0031465		
Date Assigned:	12/04/2013	Date of Injury:	08/21/2009
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
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 Internal Medicine, has a subspecialty in Cardiology 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. 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 55-year-old female who reported an injury on 08/21/2009. The mechanism of injury was not provided in the medical records. The most recent clinical note dated 10/16/2013 reported that the patient continued to be symptomatic with chronic low back pain that radiated into both lower extremities. The patient complained of a burning sensation in both lower extremities and an electrical shooting sensation as well. She sometimes had numbness and tingling in both lower extremities and her left foot. The patient's medications included Norco 10/325, ibuprofen 800 mg, omeprazole 20 mg, Dendracin lotion and Laxacin tablets. The frequencies of these medications were not provided in the medical records. The patient has previously received a lumbar epidural steroid injection on 03/14/2012 which improved her back and leg pain by about 40% for approximately 2 months. She has also completed 8 sessions of acupuncture, which she also felt was beneficial. The physical assessment of the lower back revealed that there was mild bilateral paraspinous tenderness on the left greater than the right. The patient's pain was aggravated with extension and rotation bilaterally. She had palpable tenderness over the L4-5 and L5-S1 facet joints. There were no palpable muscle spasms during exam. The range of motion of the lumbar spine was noted as flexion of 40 degrees, extension of 15 degrees, right lateral bending of 15 degrees and left lateral bending of 15 degrees. The patient's diagnoses included lumbar degenerative disc disease with a 2 mm disc bulge at T12-L1, L1-2 and L3-4. There was facet arthropathy at L4-5 per the MRI dated 12/04/2009. Additional diagnoses included a left L5 and S1 radiculopathy symptoms and a left L5 radiculopathy by EMG, and there was also noted bilateral shoulder impingement.

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: 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 Section Page(s): 111-113.

Decision rationale: As per the California MTUS Guidelines, topical analgesics are largely experimental in use, with few randomized controlled trials to determine the safety or efficacy of the use of topical analgesics. It is said that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, there is no clinical documentation in the medical records suggesting that the patient has attempted the use of antidepressants or anticonvulsants for treatment of neuropathic pain. As such, the medical necessity for the use of the Dendracin lotion cannot be determined at this time, and the request for Dendracin lotion is non-certified.