MAXIMUS Federal Services

Case Number:	CM13-0031664		
Date Assigned:	03/17/2014	Date of Injury:	03/22/2013
Decision Date:	07/25/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 expert 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 injured worker is a 37 year old male, who reported an injury on 03/22/2013; the mechanism of injury was repetitive movement of his hands. The injured worker had a history of pain in his hands and low back pain that radiated to the left leg. The injured worker started to feel numbness in the right hand and his right hand finger locked. The injured worker had weakness and inflammation in both hands with bilateral pain. Upon examination on 04/16/2013, the injured worker had constant bilateral hand pain that was dull and numbing. The pain was rated 7/10 with activities and was associated with weakness, numbness locking and swelling that radiated to the right arm. The injured worker's activities of daily living were severely affected. The injured worker stated the pain was worse in the evening, with lifting, and typing. The injured worker also had constant low back pain that was dull, throbbing, and tingling and rated 7/10 with activities. The low back pain radiated to the left leg. The exam revealed a positive Phalen's sign with tenderness at the medial nerve. The manual muscle testing revealed the strength test was 4/5 strength with dorsiflexion, palmar flexion, radial deviation and ulnar deviation. Range of motion was restricted due to pain. The injured worker had diagnoses of tendinitis and bilateral carpal tunnel syndrome. The diagnostic studies, surgeries, procedures, and prior treatments were not provided with the documentation. The injured worker was prescribed medications for pain and inflammation. The treatment request was for retrospective compound medication Dendracin (duration and frequency unknown) for DOS 7/23/2013 to 7/30/2013. The request for authorization and rationale for the request were not provided with in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound medication dendracin (duration and frequency unknown) for (DOS 7/23/2013 to 7/30/2013): 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 Page(s): 111-112.

Decision rationale: The request for retrospective compound medication Dendracin (duration and frequency unknown) for DOS 7/23/2013 to 7/30/2013 is not medically necessary. The injured worker has a past history of pain in his hands and low back that radiated to the left leg. Dendracin lotion is a combination of methyl salicylate with capsaicin, benzocaine and menthol and has not been demonstrated to be more efficacious than the over the counter products noted above. The California MTUS guidelines state that topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. There is no documentation that the patient tried any other treatments and there was not tolerated. The documentation therefore does not support the injured workers condition warrants the use of this medication instead of an over the counter medication. There is a lack of documentation indicating conventional therapy had been tried. There is no indication within the provided documentation that the patient has been intolerant to or not responded to medications. The patient was injured over one year ago and is not in the acute phase of his injury; therefore, the use of salicylate topicals would not be indicated. Therefore, the request for retrospective compound medication Dendracin (duration and frequency unknown) for DOS 7/23/2013 to 7/30/2013 is not medically necessary.