

Case Number:	CM13-0033459		
Date Assigned:	12/06/2013	Date of Injury:	05/27/2007
Decision Date:	04/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 60-year-old female, status post an injury on 5/25/07. She presented (9/13/13) with constant right shoulder, wrist and hand pain rated 7/10 in severity, numbness radiating from the neck to the right upper extremity down to the fingers, depressed mood, and difficulty sleeping due to pain. On examination, a constant right upper extremity tremor was noted, with right acromioclavicular (AC) joint and right wrist tenderness. The diagnoses include right shoulder rotator cuff sprain; wrist fracture, status post open reduction internal fixation; scaphoid fracture, status post open reduction internal fixation; right carpal tunnel syndrome, s/p decompression; and complex regional pain syndrome, with loss of motion along the proximal interphalangeal (PIP) of the ring finger and little finger and index metacarpophalangeal (MP) joint on the right. The treatments have included paraffin wax, Dendracin lotion, and TENS, all of which help the patient. The disputed issue is Dendracin lotion dispensed on 9/13/13. Within the medical evidence available for review, the patient has received Dendracin since at least 11/3/11, with multiple medical reports (1/26/12, 3/14/13, 6/14/13) reporting the patient to have found Dendracin cream helpful for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Dendracin lotion 120ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

Decision rationale: The active ingredients of Dendracin neurodendraxcin are Methyl Salicylate 30% Capsaicin 0.0375% and Menthol USP 10%. The Chronic Pain Guidelines indicate that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. In this case, the patient was refractory to other treatments and was not able to tolerate non-steroidal anti-inflammatory drugs (NSAIDs), and Dendracin lotion is shown to be effective, therefore Dendracin is indicated as adjunctive therapy.

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