

Case Number:	CM13-0033684		
Date Assigned:	12/06/2013	Date of Injury:	10/13/2008
Decision Date:	05/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice 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 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 49-year-old female who reported an injury on 10/13/2008. The mechanism of injury was not provided. The documentation indicated the injured worker had been utilizing Norco, Topamax, Prilosec, Zanaflex, Synovacin, Dendracin Topical, Xanax, Anaprox and Neurontin since 03/2013. The documentation dated 08/12/2013 revealed the injured worker had complaints of low back pain, which was improved following a 3 level lumbar fusion on 09/25/2012. The medications Norco 10/325 mg, Ultram ER 150 mg, Topamax 50 mg, Prilosec 20 mg, Zanaflex 4 mg, Dendracin topical cream, Xanax 0.5 mg, Synovacin, Anaprox 550 mg, and Neurontin 600 mg. The documentation indicated the medications were helpful. The diagnoses included lumbar myoligamentous injury with associated facet arthropathy, lumbar facet syndrome, bilateral lower extremity radiculopathy, medication induced gastritis, bilateral knee internal derangement, status post arthroscopic right knee surgery 03/08/2012 and status post PLIF L3 through S1 09/25/2012. The treatment plan included a third Synvisc injection, trigger point injections, medication refills, and a return visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOPICAL ANALGESIC CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111, AND 112. Decision based on Non-MTUS Citation Dendracin, Online Drug Insert

Decision rationale: The California MTUS indicates that Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation indicated the injured worker had been utilizing the medication for more than 5 months. There was a lack of documentation of objective functional benefit. The request as submitted failed to include the frequency, quantity and strength. The request for Dendracin topical analgesic cream is not medically necessary and appropriate.