

Case Number:	CM13-0036440		
Date Assigned:	12/13/2013	Date of Injury:	03/15/2002
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neurology, has a subspecialty in Neuromuscular 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. 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 57 year old woman who sustained a work related injury on March 15, 2002. She subsequently developed bilateral upper extremities pain. Her physical examination was unremarkable. She was treated with conservative therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. According to the California MTUS, salicylate topicals are recommended and are better than a placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin or topical analgesics for the treatment of neuropathic pain. The patient was treated with Lidoderm patches without documentation of specific improvement. There is no clear documentation of neuropathic pain. Therefore the request for Dendracin Cream is not medically necessary or appropriate.

