

Case Number:	CM13-0037262		
Date Assigned:	12/13/2013	Date of Injury:	02/25/2012
Decision Date:	02/03/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 Cardiology, has a subspecialty in Cardiovascular Diseases 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 34 year old female who reported a work related injury on 02/26/2012 as a result of strain to the cervical spine, upper back, mid back, left shoulder, left arm, bilateral hands, low back, and left leg. The patient is status post a C5-6 and C6-7 anterior cervical discectomy and fusion as of 06/05/2012 and subsequent hardware removal due to infection, laceration of a vein, and esophageal perforation as of 10/25/2012. The clinical note dated 08/21/2013 reports the patient was seen under the care of [REDACTED] for pain management. The provider documents the patient reports her pain is at a 10/10. The provider documents the patient's medication regimen includes Voltaren gel, AcipHex, Dilaudid, Lidoderm patches, Valium, and Cimzia. The patient received intramuscular injection to the right gluteus of Dilaudid and Phenergan due to her significant pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dendracin lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient's reports of efficacy with the utilization of Dendracin lotion. The clinical note dated 08/21/2013 documents, with the use of Voltaren gel, AcipHex, Dilaudid, Lidoderm, and Valium, the patient reports her pain at a 10/10. Clear efficacy for the patient's pain with implementation of Dendracin lotion was not evidenced in the clinical notes reviewed. Furthermore, California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given the lack of documentation evidencing the patient's reports of efficacy as evidenced by a decrease in rate of pain on a visual analog scale and increase in objective functionality as a result of utilizing Dendracin lotion, the request for retrospective dendracin lotion is not medically necessary or appropriate.