

Case Number:	CM13-0041506		
Date Assigned:	01/15/2014	Date of Injury:	05/12/2011
Decision Date:	06/12/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 5/12/11. The mechanism of injury was not provided for review. The injured worker sustained an injury to her right shoulder. The injured worker's treatment history included surgical intervention in May 2013, chiropractic care, physical therapy, immobilization, and multiple medications. The injured worker was evaluated on 8/6/13. It was documented that the injured worker's range of motion was 110 degrees in flexion, 50 degrees in extension, 45 degrees in internal rotation, and 20 degrees in external rotation with 3/5 motor strength of the right upper extremity. The injured worker's medications included naproxen sodium 550mg, pantoprazole sodium 20mg, and Dendracin lotion. The injured worker's diagnoses included right shoulder impingement syndrome and status post right shoulder surgery. The injured worker's treatment plan included continuation of physical therapy and chiropractic treatment and continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION DISPENSED ON 8/6/13: 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 Page(s): 111.

Decision rationale: The requested Dendracin lotion is a compounded medication with menthol, methyl salicylate, and benzocaine. The California MTUS does not recommend the use of lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. The Chronic Pain Medical Treatment Guidelines state that if one ingredient in a compounded medication is not recommended, the entire medication cannot be recommended. As such, the request is not medically necessary.