

Case Number:	CM13-0042928		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2012
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 42 year old male who sustained an industrial injury on 02/06/2012. The mechanism of injury was not provided. His diagnosis is lumbar discopathy at L4-L5 and L5- S1. He complains of low back pain and magnetic resonance imaging (MRI) of the lumbar spine demonstrates spondylosis and disc bulging. On exam he has decreased range of motion with tenderness of the lumbar paravertebral muscles. The motor and sensory exams are normal. Treatment has included medical therapy including topical analgesics and physical therapy. The treating provider has requested Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY REQUEST FOR DENDRACIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Dendracin lotion. Per California Medical Treatment Utilization Schedule Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.