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| Case Number: | CM13-0045127 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/12/2003 |
| Decision Date: | 02/15/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Physical Medicine and Rehabilitation, 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:

This 56 year-old male sustained an injury from a slip and fall down a stairway on 2/12/03 while employed by [REDACTED]. Request under consideration include Dendracin lotion 120ml. Treatment has included lumbar fusion at L4-S1 of spondylolisthesis on 2/17/06; medications, extensive physical therapy, aquatic therapy, spinal cord stimulator 8/8/11 which was not effective. Medications list Kadian, Percocet, Lyrica, Dendracin lotion, Lidoderm, Zanaflex, Laxacin, and Omeprazole. Report of 9/24/13 from [REDACTED] noted the patient completed 6 aquatic therapy sessions with benefit; continued complaints of low back with radiation to lower extremities, burning in left leg; headaches; pain with medication 5/10, without 10/10. Exam noted using one point cane for ambulation, tenderness at T11-L4, mild spasm, lumbar range 5 degrees all around; positive SLR at 50 degrees; left leg 4/5 at left peroneus and EHL; hypesthesia in left L4 and S1 dermatomes; DTR 2+ patella, 1+ Achilles. Request was non-certified on 10/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

A three month supply Dendracin lotion, 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: This 56 year-old male sustained an injury from a slip and fall down a stairway on 2/12/03 while employed by [REDACTED]. Treatment has included lumbar fusion at L4-S1 of spondylolisthesis on 2/17/06; medications, extensive physical therapy, aquatic therapy, spinal cord stimulator 8/8/11 which was not effective. Medications list Kadian, Percocet, Lyrica, Dendracin lotion, Lidoderm, Zanaflex, Laxacin, and Omeprazole. According to the Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding when used concurrently with another salicylate/NSAID as in this case, Ibuprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The request for a three month supply Dendracin lotion, 120 ml, is not medically necessary or appropriate.