

Case Number:	CM13-0045306		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2007
Decision Date:	05/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; and psychotropic medications. In a utilization review report of October 24, 2013, the claims administrator denied a request for topical Dendracin lotion. The applicant's attorney subsequently appealed. In an October 1, 2013 progress note, the applicant was described as using a variety of oral pharmaceutical agents, including Norco, Prozac, Xanax, Naprosyn, Prilosec, Cialis, and Ambien, in addition to Dendracin. The applicant was not working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
[HTTPS://WWW.ACOEMPRACTGUIDES.ORG/CHRONIC PAIN](https://www.acoempracguides.org/chronic-pain)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s):

111. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER 3 ORAL PHARMACEUTICALS; TOPICAL ANALGESICS, 47; 111

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the employee is using a variety of first-line of oral pharmaceuticals, including Norco, Prozac, Naprosyn, etc., effectively obviating the need for the Dendracin lotion. It is finally noted that the employee has used Dendracin and several other analgesic and adjuvant medications for several months and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The employee is off of work, on total temporary disability, and remains highly reliant on multiple oral and topical medications, physical therapy, manipulation, etc. All the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Dendracin. Therefore, the request is not certified, on independent medical review.