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| Case Number: | CM13-0046415 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/14/2012 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/31/2013 |
| 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 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; intermittent urine drug testing; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 31, 2013, the claims administrator denied a request for topical compounded Dendracin lotion. The applicant's attorney later appealed. A later note of December 11, 2013 is notable for comments that the applicant reports multifocal pain for which he is using Norco and Fexmid. The page ranges from 4 to 8/10. The applicant is again placed off of work, on total temporary disability, and given a shoulder corticosteroid injection in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dendracin 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics as a class, are "largely experimental," to be used for neuropathic pain when trial of anticonvulsants and/or antidepressants have failed. In this case, however, there is no clear evidence of neuropathic pain. There is no evidence that antidepressants and/or anticonvulsants have been failed. In fact, it appears that the applicant is using two first line oral pharmaceuticals, specifically Norco and Fexmid, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the largely experimental topical Dendracin agent. Accordingly, the request remains non-certified, on independent medical review.