

Case Number:	CM13-0047478		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2011
Decision Date:	02/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/03/2013

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 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 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 claimant is a 51 year old female who sustained a work related injury on 05/16/2011. The mechanism of injuries secondary to repetitive motion while employed as an office worker. She has diagnoses of bilateral carpal tunnel syndrome and chronic neck pain. On exam, she has tenderness in the cervical spine with a positive compression test and decreased range of cervical motion. The treating provider has requested treatment with Dendracin Lotion.

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 Chronic Pain Treatment Guidelines.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS 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. Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin Lotion is a non-prescription strength topical analgesic with no proven greater efficacy than any other over the counter pain cream or lotion. The active ingredients include Methyl Salicyclate 30%, Capsaicin 0.0375%, and Menthol 10%. In this case, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medical necessity for the reuestted item has not been established. The requested treatment is not medically necessary.