

Case Number:	CM13-0048951		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2011
Decision Date:	04/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pulmonary Diseases 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 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 patient is a 41-year-old female who reported an injury on 10/24/2011. The mechanism of injury was noted to be the patient picked up 25 pounds of fruit. The documentation of 09/11/2013 revealed the patient had low back and right leg pain. It was indicated the medications were helping the patient. The patient's diagnosis was lumbar herniated disc. The treatment plan included Dendracin lot, Nerode Theramine capsules, and Methoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOT, NERODE THERAMINE CAP MENTHODERM OINTMENT:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Topical Analgesics Lidoderm Page(s): 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Foods

Decision rationale: California MTUS indicates that topical salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials

of antidepressants and anticonvulsants have failed. Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. Official Disability Guidelines do not recommend Theramine. The clinical documentation submitted for review failed to provide documentation indicating the request for Theramine or dendracin. Clinical documentation submitted for review failed to provide the patient had neuropathic pain and that a trial of antidepressants and anticonvulsants had failed. Additionally, there was lack of documentation indicating a need for 2 topical salicylates. The request as submitted failed to indicate the quantity or strength of medication being requested. Given the above and the lack of clarification, the request for dendracin lot, nerode theramine cap, and menthoderm ointment is not medically necessary.