

Case Number:	CM13-0050211		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2012
Decision Date:	04/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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:

This female patient sustained an injury on 9/5/12. The request under consideration is for Dendracin topical lotion. Diagnoses included cervical sprain; right shoulder tendinitis, right wrist tendinitis, and right hand sprain. Hand-written report of 10/9/13 from the provider noted patient with complaints of periscapular pain and cervical sprain with ongoing right shoulder pain worsened in the last few weeks. Treatment trial included work restrictions with medication and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOPICAL LOTION 120 ML: Upheld

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

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

Decision rationale: Per the MTUS 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 the topical compound analgesic Dendracin Lotion over oral nonsteroidal anti-inflammatory drugs (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. Therefore, the requested Dendracin topical lotion is not medically necessary or appropriate.