

Case Number:	CM13-0053550		
Date Assigned:	04/25/2014	Date of Injury:	03/15/2006
Decision Date:	06/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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 claimant is a 62-year-old female who was injured in work related accident on 03/15/06. Records provided for review include the 11/21/13 progress report noting complaints of right hand, middle digit pain and that the current medication regimen had not been beneficial. Objective findings showed a positive Tinel sign on the right, tenderness to palpation over the right middle and index A1 pulley, and restricted range of motion to the wrists. Working diagnosis was carpal tunnel syndrome status post surgical releases in April 2012 for the right and June 2013 for the left with long and index finger triggering. This request is for the topical use of Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOP LOTION 120ML BID; PR2 DATE 10/8/13: 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: Based on California MTUS Chronic Pain Guidelines, the request for Dendracin topical lotion would not be recommended as medically necessary. Dendracin topical

lotion is a combination of methyl salicylate, menthol and capsaicin. California MTUS Chronic Pain Guidelines recommend that the use of topical compounds is considered largely experimental with few randomized clinical trials demonstrating their efficacy or safety. Specifically, in regards to the use of capsaicin, it is only recommended for individuals who have not responded or are intolerant to other forms of treatment. Indications for its use have shown positive findings for diagnoses including osteoarthritis, fibromyalgia, and chronic nonspecific low back pain. Given this claimant's current diagnosis of carpal tunnel syndrome status post surgical release and triggering of the digits, the request for Dendracin topical compound with no documentation of first line therapies or treatments having been rendered would not be supported as necessary.