

Case Number:	CM13-0058417		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2002
Decision Date:	05/08/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 57-year-old female who was injured on 02/04/2002 who hurt her neck while pushing a cart on uneven pavement. Prior treatment has included the use of a TENS unit, medication and surgery. Progress note dated 08/08/2013 documented the patient to have complaints of constant pain in the neck. Pain is rated 5/10 and low back pain is constantly moderate to intense. Pain is worse in bilateral knees. She describes constant burning sensation "is always on fire". Condition of bilateral feet is stable. The patient manages to work full time. She has no falling asleep issue however, pain will wake her up and she will have trouble falling back to sleep leading to poor sleep pattern. Objective findings on exam included blood pressure 102/62 and pulse 69. The patient is not in acute distress. Movement of the neck is satisfactory, however with discomfort. Bilateral lower extremity extends to 180 degrees and flexes to 110 degrees. Movement of bilateral feet is satisfactory. Diagnoses: 1. Internal derangement of the knee bilaterally status post intervention to the knee with left notchplasty. 2. Element of depression and sleep. 3. Recovered condition for neck, back and both feet. Treatment Plan: She has had ergonomic evaluation at work. She may continue to use hot and cold modalities for pain as needed. The patient does not need medication today. She uses Dendracin for topical use for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF DENDRACIN LOTION 120ML: 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 Analgesics Page(s): 111-113.

Decision rationale: The request is not certified. According to the CA MTUS guidelines, topical analgesic creams are considered experimental without proven efficacy. There is not a detailed discussion of the treatment regimen, which has been tried thus far. There is no discussion of why medications, which are not part of the standard of care, are indicated at this time. Based on the available data the medical necessity has not been established.