

Case Number:	CM13-0059710		
Date Assigned:	12/30/2013	Date of Injury:	10/17/1996
Decision Date:	05/20/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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 applicant is a represented [REDACTED] office employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of October 17, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; earlier shoulder surgery; and the apparent imposition of permanent work restrictions. In a utilization review report of October 31, 2013, the claims administrator denied a request for topical compounded Dendracin, noting that the applicant is using a variety of oral agents, including Percocet, Fioricet, and Prilosec. The claims administrator, in its rationale, also cited the now-renumbered/re-labeled MTUS 9792.20e. The applicant's attorney subsequently appealed. A May 31, 2013 progress note was notable of comments that the applicant was using a variety of agents, including Percocet, Prilosec, Carafate, Dendracin, and Fioricet, all of which were refilled. The applicant's work status was not detailed. Multiple progress notes interspersed throughout 2012 and 2013 do allude to the applicant using a variety of oral pharmaceuticals.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 0.025%/30%/10% LOTION 120G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Dendracin, which are, as a class, according to the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the applicant's seemingly successful usage of Percocet, Fioricet, and other oral pharmaceuticals does, in fact, obviate the need for the topical compounded Dendracin agent. The request for Dendracin 0.025%/30%/10% lotion 120 grams is not medically necessary or appropriate.