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| Case Number: | CM13-0063890 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 05/25/2012 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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:

The patient is a 63 year old male who was injured on 05/25/2012. The mechanism of injury is unknown. He has been treated conservatively with cervical epidural steroid injections. According to the UR, the patient presented on 11/12/2013 with neck pain radiating down the left upper extremity. The patient also complained of low back pain. He has pain in the left shoulder as well. On exam, there was tenderness and trigger points, limited cervical weakness, decreased sensation along the lateral arm and forearm on the left. There is lumbar tenderness, trigger points and decreased lumbar range of motion. The patient was recommended a topical analgesic. There are no other reports to review. Prior utilization review dated 12/05/2013 states the request for Dendracin 120ml is denied as any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Topical agents Page(s): 111-113. Decision based on Non-MTUS Citation

(<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209-4ffa-84f0-2ab0103dbce9>)

Decision rationale: The compounded lotion requested includes Methyl Salicylate 30%, Capsaicin 0.0375%, and Menthol USP 10%. This lotion is an over-the-counter medication and is therefore not regulated or approved through the Food and Drug Administration. There is data to support the topical use of capsaicin for neuropathic pain, but the documentation fails to indicate that the patient's presenting symptoms are neuropathic. Similarly, topical salicylates may be indicated for localized inflammatory processes or joint inflammation, but again the documentation fails to identify an inflammatory lesion that would require treatment. The MTUS guidelines further consider such compounded agents as experimental and without data to support their use. These guidelines also indicate the lack of indication for any one agent (or in this case at least two of the agents) renders the compounded formula not indicated. Based on these guidelines and criteria as well as the clinical pharmacology of the agents as stated above, the request is not medically necessary.