

Case Number:	CM13-0064263		
Date Assigned:	01/03/2014	Date of Injury:	05/15/2002
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 is a 76 year-old female with a 5/15/02 industrial injury claim. She has been diagnosed with neck pain; low back pain; knee pain; shoulder pain; hernia, abdominal; lumbar disc w/radiculitis; lumbar disc degeneration. According to the 10/25/13 pain management report from [REDACTED], the patient presents with 8/10 all over body pain. [REDACTED] refills the Dendracin cream and general surgery consult for treatment options on the abdominal hernia. On 11/13/13 UR recommended against these.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS, SALICYLATE TOPICALS Page(s): 111-113,105. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, BIOFREEZE® CRYOTHERAPY GEL.

Decision rationale: According to the 10/25/13 pain management report from the treating provider, the employee presents with 8/10 all over body pain. The employee has pain to the groin from a hernia, and chronic low back pain and radiculitis. I have been asked to review for Dendracin cream. Dendracin is methyl salicylate, benzocaine and menthol and Dendracin Neurodendraxin is capsaicin, menthol and methyl salicylate. On page 111, under "topical analgesics", the MTUS guidelines give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Dendracin contains Methyl Salicylate which has some support under MTUS, Dendracin also contains Menthol. The MTUS guidelines did not specifically discuss menthol so the ODG guidelines were consulted. The ODG guidelines on "Biofreeze" indicates that the active ingredient is menthol. The ODG guidelines indicate that this is recommended as a cryotherapy gel and takes the place of ice packs for acute pain. In this case, the employee's injury was in 2002 and she is beyond the acute phase of care. The use of menthol in the chronic phase is not in accordance with ODG guidelines. Since the menthol component of the topical compound Dendracin is not recommended, the whole compounded topical Dendracin is not recommended.

General Surgery Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - TREATMENT IN WORKERS COMPENSATION (TWC), LOW BACK PROCEDURE SUMMARY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7) PAGE 127.

Decision rationale: According to the 10/25/13 pain management report from the treating provider, the employee presents with 8/10 all over body pain. The employee has pain to the groin from a hernia, and chronic low back pain and radiculitis. The MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss hernia or general surgery consults. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). The ACOEM guidelines indicate that a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The request for a general surgeon consult for treatment options on a painful abdominal hernia is in accordance with ACOEM guidelines.