MAXIMUS Federal Services

Case Number:	CM13-0065101		
Date Assigned:	01/03/2014	Date of Injury:	12/22/1998
Decision Date:	06/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is 46 year old female who reported an injury on 11/02/2007 of unknown mechanism. The injured worker has a history of fibromyalgia. The last documentation evaluation from 10/22/2013 revealed the injured worker's complaints as very little pain. Physical examination reveals no tenderness, spasms or deformities with full range of motion noted to lumber spine. Treatment plan for the injured worker was that she could return to work without restrictions and was remarkably better and refill prescription of Dendracin lotion 120 ml as directed. The request for authorization form was not provided in the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DONDRACIN LOTION 120 ML # 3:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain pg. 28 and 111

Decision rationale: Dendracin/dondracin Lotion contains active ingredients to include Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol USP 10%. The California guidelines state topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The California guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation provided dated 10/22/2013 stated the injured worker was not found to have any abnormal findings on exam. No assessment of medication such as quantitative measurements documented. Therefore, the request for Dondracin Lotion 1 percent 120 ml #3 is non-certified.