

Case Number:	CM13-0065556		
Date Assigned:	01/03/2014	Date of Injury:	12/23/2011
Decision Date:	04/21/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/13/2013

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, Pulmonary Diseases 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 54-year-old female who reported an injury on 12/23/2011, due to a slip and fall while performing normal job duties. The patient reportedly sustained an injury to the low back. The patient's treatment history included physical therapy, acupuncture, and epidural steroid injections. The patient's most recent clinical documentation noted that the patient's pain was managed with ketoprofen and Dendracin. Physical evaluation noted that the patient had an antalgic gait and used a crutch for ambulation secondary to unsteadiness related to low back pain. The patient's diagnoses included displacement of an intervertebral lumbar disc, degeneration of the lumbar intervertebral discs, low back pain, and facet arthropathy. The patient's treatment plan included continuation of medication usage and consideration of lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN #1 CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers Compensation (ODG Treatment Guidelines) Dendracin Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Dendracin #1 cream is not medically necessary or appropriate. The requested medication contains methyl salicylate, menthol, benzocaine, and capsaicin at 0.037%. California Medical Treatment Utilization Schedule does not support the use of capsaicin unless the patient has failed to respond to first-line medications. The clinical documentation submitted for review does not provide any evidence that the patient has had a trial of anticonvulsants or antidepressants for pain relief. Additionally, California Medical Treatment Utilization Schedule does not support the use of a 0.037 formulation of capsaicin over a 0.025% formulation. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not supported by guideline recommendations. As such, the requested Dendracin #1 cream is not medically necessary or appropriate.