

Case Number:	CM13-0066586		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2013
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 underlying date of injury in this case is 07/12/2013. The reported primary diagnosis is thoracic strain. On 11/08/2013, the treating physical rehabilitation physician diagnosed the patient with a thoracic sprain/strain and myofascial tender points. That physician noted that the patient's symptoms had not resolved despite conservative treatment so far. The treatment plan included topical Dendracin and stopping etodolac. An initial physician review indicated that the records did not provide a rationale or indication for topical Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF DENDRACIN (DOS 11/08/13):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines' section on topical analgesics, states that topical agents should only be used if there is a clear understanding of the mechanism of action and the rationale for this medication. The medical records provided for review in this case

do not meet the MTUS Chronic Pain Guidelines. Moreover, the concentration of Capsaicin in Dendracin of 0.0375% exceeds the concentration recommended in the MTUS Chronic Pain Guidelines. This request is not medically necessary and appropriate.