

Case Number:	CM13-0068743		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2012
Decision Date:	07/31/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine 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:

This is a 61-year-old female with a 2/6/12 date of injury. The mechanism of injury occurred while she was carrying a pan and twisted her right hand and right lower back. In the most applicable report on file, dated 8/19/13, the patient complained of mid back pain, lower back pain, and intermittent leg radiculopathy. Objective findings: tenderness in the paralumbar region. Diagnostic impression: Lumbar disc disease Treatment to date: medication management, activity modification, physical therapy A UR decision dated 11/21/13 denied the retrospective request for Dendracin lotion (DOS: 8/19/13). CA MTUS guidelines do not recommend topical analgesic creams. There is also no documentation of the patient's intolerance to oral first-line therapy agents for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for pharmacy purchase of dendracin lotion 120ml for (date of service 08/19/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Dendracin lotion would be required in this patient despite lack of guideline support was not provided. Therefore, the request for retrospective review for pharmacy purchase of Dendracin lotion 120ml For (Date Of Service 08/19/13) is not medically necessary.