

Case Number:	CM13-0072408		
Date Assigned:	01/08/2014	Date of Injury:	01/07/2009
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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:

According to the records made available for review, this is a 48-year-old female with a 1/7/09 date of injury. At the time (12/17/13) of request for authorization for Dendracin 0.025%-30% SK 120 ml, there is documentation of subjective (flare-up of symptoms in the lumbar spine and thoracic area, more difficulty sleeping; does not want to take medications because it affects her stomach; low back pain that radiates to the lower extremities) and objective (positive straight leg raise at 65 degrees bilaterally, moderately restricted lumbar spine range of motion) findings, current diagnoses (thoracic sprain, and herniated disc, thoracic and lumbar spine), and treatment to date (ESI and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 0.025%-30% SK 120ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple

backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain, and herniated disc, thoracic and lumbar spine. However, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dendracin 0.025%-30% SK 120 ml is not medically necessary.