

Case Number:	CM14-0000868		
Date Assigned:	01/17/2014	Date of Injury:	01/10/2012
Decision Date:	06/06/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology has a subspecialty in Pain Management 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 has submitted a claim for low back pain with an industrial injury date of January 10, 2012. Treatment to date has included medications including Dendracin cream, physical therapy, chiropractic treatment, acupuncture, home exercise program, radiofrequency, injection, lumbar facet medial branch block at the right L3-4 and L4-5, and posterior spinal fusion L5-S1. Utilization review from December 31, 2013 denied the request for Compound med - Dendracin lotion 60 mg. The rationale for determination was not indicated in the records submitted for review. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain, 9/10, which was stabbing, aching, and throbbing. He also had increased numbness into the right leg. He claimed that his medications helped decrease his pain to 6/10 and allowed him to walk further and longer. On physical examination, the patient's gait was mildly antalgic. There was decreased range of motion in all planes of the lumbar spine. There was positive facet loading on the right L3-L4, L4-L5 facets. There was negative straight leg raise bilaterally. He had positive muscle spasms on bilateral lumbar paravertebral musculature. Sensation was intact in both lower extremities but muscle strength was 4+/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MED: DENDRACIN LOTION 60MG QTY: 1.00: Upheld

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

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

Decision rationale: A search of online 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. According to pages 111-113 of the Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of local anesthetics in topical compound formulations and there is insufficient evidence to support the use of many agents. In this case, there was no discussion regarding the indication for the use of Dendracin. Moreover, it was documented that the patient has used the said medication before but objective evidence of functional improvement was not documented. Therefore, the request for Compound med-Dendracin lotion, 60mg is not medically necessary and appropriate.