

Case Number:	CM14-0107831		
Date Assigned:	08/01/2014	Date of Injury:	08/16/2002
Decision Date:	09/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury after repetitive motion on 08/16/2002. The clinical note dated 06/25/2014 indicated diagnoses of cervical spine instability after C5-6 extensive discogenic osteophyte disc bulge with mild central and canal stenosis and moderate bilateral neural foraminal stenosis, status post bilateral shoulder arthroscopic examination and Mumford procedure, bilateral lateral epicondylitis, right ulnar neuropathy, bilateral medial epicondylitis, and status post cervical spine discectomy with fusion with residuals and possible spinal cord ischemia at the proximal level of C2-3. The injured worker reported neck pain with cervical radiculopathy that was affecting her left hand. The injured worker reported her left hand continued to be numb chronically. The injured worker reported she was unable to use her left hand when fine motor task were required. The injured worker reported her neck pain 7/10 and that she was unable to take any pain medication because of her stage 3 kidney disease. On physical examination of the cervical spine, there was loss of lordosis, tenderness of the paraspinal muscles over the mid trapezius and rhomboids and palpable muscle spasms. The injured worker's range of motion of the neck was decreased due to fusion over the C5-6. The injured worker had numbness in the left hand and decreased left grip strength. The injured worker's treatment plan included authorization for Dendracin lotion. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication was not provided for review. The provider submitted a request for Dendracin lotion. A request for authorization dated 06/25/2014 was submitted for Dendracin lotion; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines (2009) "salicylate topicals" Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111.

Decision rationale: The request for Dendracin Lotion is not medically necessary. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The California MTUS guidelines indicate that topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, Dendracin contains benzocaine, methyl salicylate and menthol. Benzocaine is not recommended per the guidelines in the requested formulation. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Moreover, the request did not indicate a frequency, dosage or quantity. Therefore, the request is not medically necessary.