

Case Number:	CM14-0015605		
Date Assigned:	02/28/2014	Date of Injury:	07/20/2009
Decision Date:	06/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 25 year old male who is reported to have sustained work related injuries to his right hand on 07/20/09. Per the submitted clinical record, the injured worker was washing floor mats when he developed right wrist pain. He subsequently sought medical care and was treated conservatively with oral medications and physical therapy. The injured worker was ultimately taken to surgery on 11/20/09 at which time he underwent a right wrist carpal tunnel release with flexor tenosynovectomy and soft tissue mass excision. Postoperatively, the injured worker had continued right wrist pain. He was later referred for an EMG/NCV study on 07/14/10. This study showed no evidence of cervical radiculopathy or peripheral nerve compression at the carpal tunnel. Records note an MRI of the right wrist which noted findings consistent with carpal tunnel syndrome with mild swelling of the median nerve at the level of the pisiform. There was mild thickening of the flexor retinaculum. Records indicate that since this time, the injured worker has been maintained on oral medications. He reports that Norco has been helpful in controlling his pain. The record includes a utilization review determination dated 01/29/14 in which Dendracin lotion .00375-30-10% was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION .00375-30-10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Page(s): 112-113.

Decision rationale: The request for Dendracin lotion .00375-30-10% is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic right wrist pain secondary to an injury occurring on 07/20/09. The records indicate that the injured worker has been maintained on narcotic medications since this time. Per CA MTUS, topical analgesics are considered experimental and investigational as there are few randomized controlled studies which establish the efficacy of this medication. As such, the request is not supported as medically necessary.