

Case Number:	CM14-0015872		
Date Assigned:	02/21/2014	Date of Injury:	09/08/2009
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
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 Physical Medicine and Rehabilitation, 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 42-year-old male who reported an injury on 09/08/2009. The mechanism of injury was not provided. The clinical note dated 01/16/2014, noted the injured worker presented with complaints of low back pain, lower extremity pain, left shoulder pain, headaches, depression, insomnia, and dizziness. Upon examination of the cervical spine, there was moderate tenderness to the bilateral paraspinal musculature and bilateral upper trapezius musculature; there was also moderate tenderness to the left suprascapular musculature. There was noted diffuse tenderness over the left elbow and forearm, significant allodynia noted, mild to moderate swelling over the left forearm and left wrist, range of motion of the left elbow restricted, and tenderness noted in the right shoulder and right elbow with palpation. The lumbar spine examination revealed bilateral lumbar paraspinous tenderness and range of motion restricted in all directions. There was a positive straight leg raise on the left at 40 degrees. Prior treatment included stellate ganglion blocks, occupational therapy, a Continuous positive airway pressure (CPAP) machine, and a psychiatric evaluation. The current medication regimen includes Norco, Lyrica, Prozac, bupropion, omeprazole, MiraLAX, polyethylene glycol, Fioricet, and Dendracin lotion. The provider recommended continued use of Dendracin lotion. The rationale was not provided within the medical documents. Request for authorization was not included in the medical documents 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS

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

Decision rationale: Dendracin lotion is comprised of methyl salicylate, capsaicin, and menthol. The MTUS Chronic Pain Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (1) drug that is not recommended is not recommended. The Guidelines note capsaicin is recommended only as an option in injured workers who have not responded to or are intolerant to other treatments. The included documentation lacked evidence of a measurable objective baseline as which to measure the efficacy of the current medication regimen. There is no documentation of trials of antidepressants and anticonvulsants that have failed. The provider's request did not specify a dose or frequency for the lotion, and the site the lotion was to be applied. Therefore, the request for Dendracin Lotion is not medically necessary and appropriate.