

Case Number:	CM14-0015901		
Date Assigned:	06/04/2014	Date of Injury:	09/02/2004
Decision Date:	08/08/2014	UR Denial Date:	01/23/2014
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, has a subspecialty in Interventional Spine 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 is a 55 years old male with an injury date on 09/02/2004. Based on the 12/12/2013 progress report provided by [REDACTED], the diagnoses are post laminectomy syndrome of lumbar region, osteoarthritis of knee (bilateral), presence of spinal cord stimulator ([REDACTED]), bursitis trochanteric and myofascial pain syndrome. According to this report, the patient complains of low back, right hip, right knee pain, and decreased mid back pain. Bilateral lumbar facet loading test and left straight leg raising test were positive. Tenderness was noted over the left trochanter, bilateral joint lines of the right knee, and multiple trigger points over the iliotibial band. Right knee range of motion is restricted with flexion limited. There were no other significant findings noted on this report. [REDACTED] is requesting a pharmacy purchase of Dendracin lotion #120 ml. The utilization review denied the request on 01/23/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 07/19/13 to 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF DENDRACIN LOTION #120 ML: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesica Page(s): 112.

Decision rationale: According to the 12/12/2013 report by [REDACTED] this patient presents with low back, right hip, right knee pain, and decreased mid back pain. The provider is requesting a pharmacy purchase of Dendracin lotion #120 ml. Regarding topical analgesics, California MTUS guidelines recommend for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS further states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For salicylate, a topical NSAID, California MTUS does allow it for peripheral joint arthritis/tendinitis problems. In this case the patient does present with osteoarthritis of the bilateral knee to warrant a compound product with salicylate. Therefore, this request is medically necessary.