

Case Number:	CM14-0019829		
Date Assigned:	04/28/2014	Date of Injury:	02/27/2006
Decision Date:	11/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Tennessee. 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:

This is a 47-year-old male with a 2/27/06 date of injury. A specific mechanism of injury was not described. According to a pain management consultation report dated 2/4/14, the patient complained of low back pain radiating down to both lower extremities, rated as an 8/10. Objective findings: pain to palpation of lumbar spine, decreased lumbar spine range of motion, sensory examination decreased in the left L5 and/or S1 dermatomes when compared to the right, left elbow point tenderness to palpation along the lateral epicondylar region. Diagnostic impression: lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus at L4-5 and L5-S1, left lower extremity radiculopathy, reactionary depression/anxiety, three-level positive provocative discography, right lateral epicondylitis. Treatment to date: medication management, activity modification, physical therapy, spinal cord stimulation, intrathecal pump. A UR decision dated 2/14/14 denied the request for Dendracin cream. Per current evidence based guidelines, topical analgesics have limited evidence regarding their efficacy in the treatment of chronic pain. Without additional information regarding the claimant's response to other medications or any contraindications to medications, the request could not be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOPICAL ANALGESIC CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Topical Medication Safety Warning)

Decision rationale: A search of on-line 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. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Dendracin would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Dendracin Topical Analgesic Cream was not medically necessary.