

Case Number:	CM14-0145579		
Date Assigned:	09/12/2014	Date of Injury:	01/01/2002
Decision Date:	12/11/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice 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:

This is a 74-year-old female claimant who sustained a cumulative injury from 1982 to two 2002 involving the cervical spine, right shoulder and right wrist. She was diagnosed with cervical spine strain, right shoulder rotator cuff tear hand right wrist strain. She underwent a right rotator cuff repair in August 2002. A progress note on June 25, 2014 indicated the patient has severe flare ups of neck pain hand pain with numbness and tingling. Physical findings were notable for a positive Spurling sign and reduced range of motion of the cervical spine. There was decreased sensation in the C7 and C6 distribution. The treating physician requested topical Dendracin lotion for pain control as well as physical therapy and home exercise plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dendracin Lotion (DOS 6/25/14) 120mg x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin contains: Methyl Salicylate 30%, Capsaicin 0.0375%. According to the guidelines: Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the capsaicin quantity in Dendracin exceeds the amount recommended by the guidelines. Any compounded that is not recommended is not recommended for the entire topical formulation. Dendracin is not medically necessary.