

Case Number:	CM14-0157229		
Date Assigned:	09/30/2014	Date of Injury:	12/12/2013
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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:

This injured worker is a 48 year old woman who was involved in a work related injury from 12/12/13. The injured worker is claiming she developed pain in the bilateral upper extremities and forearms from engaging in repetitive activities. The injured worker was complaining of pain in the wrists radiating to the elbows and forearms with tingling, numbness and a weakness sensation. On the exam from August 2014, the injured worker had a bilaterally positive Tinel's and Phalen's sign with medial and lateral epicondylar tenderness. The neurological status was intact and normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Neurodendraxcin lotion 0.025%- 10^- 30%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): page(s) 111-113.

Decision rationale: This substance is composed of methyl salicylate, capsaicin and menthol. Dendracin contains 30% methyl salicylate, capsaicin and menthol. According to the package insert, it is indicated for temporary relief of minor aches and pains caused by arthritis, simple

backaches, and strains. The MTUS Chronic Pain Guidelines does recommend methyl salicylate. It states that topical salicylate (e.g., Bengay, methyl salicylate) is significantly better than placebo in chronic pain. Regarding methyl salicylate, the Official Disability Guidelines state, "this review found evidence that was limited by the quality, validity, and size of the available studies. It has capsaicin 0.037% and there have been no studies of a 0.0375% formulation of capsaicin. There is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Since this medication (Dendracin) is not clearly indicated for chronic pain and since it has constituent parts that are not appropriate, this request cannot be certified as medically necessary. The guidelines also indicate that topical analgesics are appropriate only after failure of regular oral agents, such as non-steroid medications, anti depressants or anti epileptic medications, which is not documented here. Given this, the request is not medically necessary and appropriate.

Nizatidine 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): s) 68-69.

Decision rationale: The injured worker was using Ketoprofen, which the physician stated caused heartburn, even with the use of Omeprazole. The injured worker was switched to another non-steroid medication. The treating physician stated that the injured worker needed double coverage. This appears to have been premature. Given this, the injured worker did not need double coverage with two proton pump inhibitor medications. Therefore, the request is not medically necessary and appropriate.