

Case Number:	CM14-0172838		
Date Assigned:	10/23/2014	Date of Injury:	12/24/2004
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/3/14 indicates neck and upper extremity pain from cervical radiculopathy and left brachial plexopathy. There is limited movement and pain with movement. Acupuncture has been 50-75% helpful for the pain. The insured was able to cut back on pain medications and topical analgesic medications. Examination reports restricted range of motion. There is diminished sensation in the left C6, C7, and C8 dermatomes. Tinel's sign was positive on the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin (cream tabs, transdermal) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines support that any compounded product that contains at least one drug that is not recommended is not recommended. The medical records indicate a pain condition related to radiculopathy and plexopathy. The products in Dendracin are not supported for the treatment of these conditions. The medical records do not support medical

indication for the Dendracin cream. Therefore, the request for Dendracin (cream tabs, transdermal) #90 is not medically necessary and appropriate.