

Case Number:	CM14-0173964		
Date Assigned:	10/27/2014	Date of Injury:	10/01/2013
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 24-year-old female with a 10/1/13 date of injury. She was performing extra work because of the absence of one of her coworkers when her hands began to feel tight. The next morning she noted pins and needles pain in both hands and forearms. According to a progress report dated 10/3/14, the patient reported that both her hands feel tight and they get tired very easily. She reported having difficulty opening, holding, and gripping things. She reported that she had a difficulty holding her baby. She rated her pain to be a 3-5/10. Objective findings: limited range of motion of left and right wrist, left and right wrist muscle strength rated 4/5. Diagnostic impression: bilateral wrist/hand pain. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 9/23/14 denied the request for Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 this Dendracin would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Dendracin 120ml was not medically necessary.