

Case Number:	CM14-0179150		
Date Assigned:	11/03/2014	Date of Injury:	11/24/2008
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old with an injury date on 11/24/08. The patient complains of low lumbar pain and mid-back pain with burning sensation, pain rated 6/10 per 9/9/14 report. Patient states that medications have no side effects, and help with pain about 30-40% and keep his functionality per 9/9/14 report. Patient is working full time per 9/9/14 report. Based on the 9/9/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic s/s; 2. lumbar degenerative disc disease; 3. lumbosacral or thoracic neuritis or radiculitis, unspecified. Exam on 9/9/14 showed "decreased L-spine range of motion (about 70-80%)." Patient's treatment history includes acupuncture (previously very helpful per 9/9/14 report), home exercise program, and TENS unit. [REDACTED] is requesting dendracin cream. The utilization review determination being challenged is dated 9/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/21/13 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dandricine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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

Decision rationale: This patient presents with lower back pain and mid back pain. The treating physician has asked for Dendracin cream on 9/9/14. The patient has been using Dendracin cream since 2/21/13 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Dendracin contains methyl salicylate and capsaicin. Methyl salicylate, an NSAID, is indicated for peripheral joint arthritis/tendinitis while Capsaicin is indicated for most chronic pain condition. The patient does not present with peripheral joint arthritis/tendinitis. Since Salicylate topical is not supported, the entire product would not be indicated. Recommendation is that the request is not medically necessary.