

Case Number:	CM14-0024294		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2012
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The claimant was injured on 04/03/12. He was diagnosed with a dorsolumbar ligamentous sprain. Dendracin lotion is under review. On 04/23/13, NCV (Nerve Conduction Velocity) suggested right mild carpal tunnel syndrome. There is little to no discussion of medication use and results. The claimant reported improvement on 01/07/14 with physical therapy and more had been authorized, but not started. He had tenderness of his mid to lower lumbar region and Dendracin and Zanaflex were recommended. The Zanaflex was approved and the Dendracin was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION 120ML TO APPLY AS DIRECTED #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Dendracin lotion. The CA MTUS page 143 states "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine

efficacy or safety. "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004)" There is no evidence of failure of all other first line drugs. There is little information in the records regarding trials of medications. The claimant received Zanaflex, also and there is no evidence of trials of antidepressants or antineuropathic medications prior to use of Dendracin. Therefore, the request for Dendracin Lotion 120 ml #2 is not medically necessary and appropriate.