

Case Number:	CM14-0024676		
Date Assigned:	06/11/2014	Date of Injury:	02/02/2001
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 injured worker is a 63-year-old who reported an injury on February 2, 2001. The mechanism of injury was not provided for clinical review. The diagnoses were largely illegible. Previous treatments include Functional Capacity Evaluation, injections, MRI, and medication. The clinical documentation submitted is largely illegible. Within the clinical note dated May 5, 2014, it reported the injured worker complained of left knee pain. On physical examination, the provider noted the lumbar spine had tenderness to the paraspinal muscles along with muscle spasms. The request submitted is for Dendracin. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml, provided on December 18, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request for Dendracin 120 mL, date of service December 18, 2013, is non-certified. The injured worker complained of left knee pain. The clinical

documentation was largely illegible. The requested retrospective date of service December 18, 2013 clinical note was not provided for clinical review. The Chronic Pain Medical Treatment Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of treatment of four to twelve weeks. There is little evidence to utilize topical NSAID treatment for osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation indicating the injured worker was treated for, or diagnosed with, osteoarthritis or tendinitis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least December 18, 2013, which exceeds the guidelines' recommendation of short term use of four to twelve weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request is for Dendracin 120ml, provided on December 18, 2013, is not medically necessary or appropriate.