

Case Number:	CM14-0033527		
Date Assigned:	06/20/2014	Date of Injury:	12/24/2003
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 53-year-old female who was reportedly injured on December 24, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 15, 2014, did not state any current complaints. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles and a bilateral straight leg raise. Lumbar spine was stated to be scheduled for April 20, 2014. A request was made for Dendracin lotion and inpatient postoperative physical therapy and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Topical Lotion: Upheld

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

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

Decision rationale: Dendracin lotion is a compounded topical analgesic consisting of methyl salicylate, menthol and capsaicin. According to the California MTUS chronic pain medical treatment guidelines, only topical analgesics consisting of anti-inflammatories, lidocaine, and

potentially capsaicin are recommended for topical usage. There is no peer-reviewed evidence-based medical literature to support the use of menthol or methyl salicylate. This request for Dendracin lotion is not medically necessary and appropriate.

Inpatient post-operative rehabilitation for two to four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated July 10, 2014.

Decision rationale: According to the medical records, it is unclear why an inpatient rehabilitation program as opposed to outpatient physical therapy has been recommended for the injured employee. The necessity for such a program should be based upon the individual progress in the immediate postoperative hospital setting and in general progress with outpatient physical therapy and activities of daily living. Therefore, the request for inpatient post-operative rehabilitation for two to four weeks is not medically necessary and appropriate.