

<b>Case Number:</b>	CM14-0038946		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who reported an injury to his low back on 07/12/02. No information had been submitted regarding the initial injury. The utilization review dated 03/14/14 resulted in denials for a lumbar spine X-ray as well as the continued use of Dendracin lotion. No information had been submitted regarding the injured worker's red flags or severe neurologic deficits associated with the low back injury. Additionally, no exceptional factors were identified in the submitted documentation regarding the medical need for Dendracin lotion. The clinical note dated 06/23/14 indicates the injured worker having previously been diagnosed with a lumbosacral musculoligamentous sprain and strain. There is an indication the injured worker has undergone a magnetic resonance image which revealed a 5mm disc protrusion at the L5-S1 level with additional smaller disc bulges identified at L1-2 and L2-3. Upon exam, the injured worker demonstrated range of motion deficits throughout the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar spine x-ray 2views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request for a lumbar spine x-ray with 2 views is not medically necessary. The documentation indicates the injured worker complaining of low back pain. An x-ray of the lumbar spine is indicated for injured workers who have been identified as having any red flags or severe findings indicating neurologic deficits associated with the lumbar region. No information was submitted regarding any red flags within the lumbar region. Additionally, no information was submitted regarding the injured worker's severe level of neurologic deficits. Therefore, this request of lumbar spine X-ray 2 views is not indicated as medically necessary.

**Dendracin topical lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Dendracin contains methyl salicylate which has not been approved for topical use by the necessary governing bodies. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, the request of Dendracin topical lotion 120ml is not medically necessary and appropriate.