

Case Number:	CM14-0039992		
Date Assigned:	06/27/2014	Date of Injury:	03/03/2011
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 50-year-old patient with a 3/3/11 date of injury. While working as a medical technician, she walked into a resident's room and slipped on a newly mopped floor, causing her to do an inadvertent and awkward splitting maneuver with her legs. According to a 3/7/14 progress note, the patient complained of low back pain, rated at 7/10. She had secondary complaints of pain to her left knee, hip, wrist, and bilateral ankles. Objective findings: lumbar spine tenderness with moderate spasm, 38 degree flexion, 12 degree extension. Diagnostic impression: lumbar disc disease, lumbar radiculopathy, left sacroiliac joint arthropathy, left hip greater trochanter bursitis, left knee sprain/strain, bilateral ankle sprain/strain, coccydynia. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment, surgery. A UR decision dated 3/27/14 denied the request for Dendracin lotion. The documentation submitted did not provide evidence of failed outcomes from other treatments. As such, the request is 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Topical Medication Safety Warning).

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Dendracin lotion would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Dendracin Lotion 120 ml was not medically necessary.