

Case Number:	CM14-0041193		
Date Assigned:	06/27/2014	Date of Injury:	12/23/2011
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 records presented for review indicate that this 44-year-old female was reportedly injured on December 23, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Increased pain relief was noted after changing to ketoprofen. Current medications include ketoprofen, Senokot, Dendracin cream, and nortriptyline. The physical examination demonstrated tenderness of the right sided lumbar paraspinal muscles and decreased lumbar spine range of motion. There was an antalgic gait and crutches were used for ambulation assistance. Existing medications were refilled. Diagnostic imaging studies reported L4-L5 degenerative disc disease and facet arthropathy with severe bilateral narrowing in the lateral recess stenosis that could impinge upon the bilateral transverse and L5 nerve roots. A request had been made for Dendracin cream and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dendracin Cream is a compounded analgesic consisting of methyl salicylate, menthol, and capsaicin. According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, the request for Dendracin Cream is not medically necessary.