MAXIMUS Federal Services

Case Number:	CM14-0048752		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2014
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 43 year old male who works as a stunt man, and on 01/24/14 while working, the injured collided with another man on a jet ski. Subsequent to the collision, complaints of left thoracic and lumbar pain are noted. Physical examination on 01/25/14 noted left paraspinous soft tissue tenderness to the thoracic and lumbar spine. Normal strength is noted in the bilateral lower extremities. Diagnosis at that time was back pain, disc herniation, thoracic strain, contusion. A computed tomography (CT) scan of the lumbar spine was negative for fracture. The injured worker was prescribed Soma, Norco 10/325. The injured worker has had chiropractic manipulative therapy, anti-inflammatories, pain medication. His most recent note dated 05/13/14 indicates that physical examination of the thoracic spine revealed decreased tenderness to palpation over the paravertebral musculature and lumbosacral junction. Straight leg raising elicits increased low back pain with leg pain. Range of motion of the thoracic spine is flexion 50, bilateral rotation 25 degrees. Range of motion of the lumbar spine is flexion 48, extension 15, and bilateral side bending 20 degrees. Prior utilization review was not medically necessary the Dendracin 60 ml one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 60 ml, one bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181 Table 8-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug.

Decision rationale: The request for the Dendracin 60 ml one bottle. The clinical documentation submitted for review does not support the request. The most recent note dated 05/13/14 indicates that physical examination of the thoracic spine revealed decreased tenderness to palpation over the paravertebral musculature and lumbosacral junction. Dendracin is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, the request is not medically necessary.