

Case Number:	CM14-0077830		
Date Assigned:	07/18/2014	Date of Injury:	03/11/2011
Decision Date:	10/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 43-year-old male was reportedly injured on March 11, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the neural/circulatory status to be intact, straight leg raising positive at 40, and a mild weakness in the tibia (4/5). Diagnostic imaging studies objectified but were not reviewed. Previous treatment included a 30 day inpatient/residential treatment program for opioid dependence. A request had been made for topical preparations and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream, apply three times a day (TID) PRN #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation
<http://www.drugs.com/cdi/dendracin-lotion.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 112.

Decision rationale: Dendracin ointment is a topical analgesic ointment containing methyl salicylate 20.00%, menthol 5.00%, and capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental, and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the MTUS, the requested medication is not medically necessary.

Naprosyn 550mg, one (1) by mouth (PO) twice a day (BID) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 66 & 73.

Decision rationale: While noting that the use of Naprosyn is recommended as an option in the MTUS to address the signs and symptoms associated with osteoarthritis; there needs to be objectification of efficacy and utility. The progress notes do not demonstrate any improved functionality, decrease symptomology or any other parameter noting that this medication is achieving its intended result. Therefore, based on the clinical information presented for review there is insufficient data to support the medical necessity the ongoing use of this medication.