

Case Number:	CM14-0085711		
Date Assigned:	07/23/2014	Date of Injury:	08/21/2009
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 56-year-old female patient with 8/21/09 date of injury. A progress report dated 7/3/14 indicated that the patient complained of pain in her lower back with neuropathic pain affecting her lower extremities. She also complained of bilateral shoulder pain, which she attributed to use of a walker. She rated her pain 6/10 on the VAS (Visual Analog Scale). Physical exam revealed mild bilateral paraspinal tenderness, and increased pain with extension and rotation. There was tenderness over the L4-5 and L5- S1 paravertebral joints. She was diagnosed with Lumbar degenerative disc disease with 2 mm disc bulges at T12-L1, L1-2 and L3-4. Left L5 and S1 radiculopathy symptoms and left L5 radiculopathy, and Bilateral shoulder impingement. Treatment to date: medication management, acupuncture therapy, and epidural steroid injection. There is documentation of a previous 5/23/14 adverse determination, based on the fact that there was no clear rationale for the use of topical medication rather than FDA approved oral forms, Dendracin lotion was not certified. Urine drug screen test was not certified, because there was no documentation supporting that the patient was at high risk for diversion.

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 Topical NSAIDs.

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. However, there was no documentation supporting significant pain relief following Dendracin lotion use. In addition, CA MTUS cited that there is little to no research to support the use of local anesthetics in topical compound formulations. There was no specific rationale provided as to why Dendracin lotion would be necessary for this patient despite lack of guidelines support. Therefore, the request for Dendracin Lotion #120ml is not medically necessary.

Urine Drug Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines:Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There was documentation supporting that the patient was prescribed opioids since at least 6/3/13. However, there were no urine drug screens available in the medical review. In addition, guidelines recommended urine drug screen test patient with chronic use of opioid medication, up to 4 times per year. Therefore, the request for Urine Drug Screening is medically necessary.