

Case Number:	CM14-0092593		
Date Assigned:	07/28/2014	Date of Injury:	09/15/2013
Decision Date:	12/10/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/18/2014

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 Management and is licensed to practice in Tennessee. 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 25-year-old female with a 9/15/13 date of injury. She injured her lower back while pulling down a very heavy bay door. According to a progress report dated 3/4/14, the patient complained of constant moderate low tightness and aches, rated as an 8/10. Objective findings: limited lumbosacral range of motion, tenderness to palpation over the Quadratus Lumborum, Erector Spinae, and Latissimus Dorsi bilaterally, pain in all planes. Diagnostic impression: lumbar sprain/strain, radiculitis, myofasciitis. Treatment to date: medication management, activity modification, acupuncture, shockwave therapy. A UR decision dated 5/23/14 denied the request for Dendracin. Dendracin lotion is a compound of benzocaine, methyl salicylate, and menthol. California Medical Treatment Utilization Schedule (MTUS) makes no recommendations for the use of any of these components.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Dendracin: 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 Topical Analgesics 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, California Medical Treatment Utilization Schedule (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 this topical medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Dendracin was not medically necessary.