

<b>Case Number:</b>	CM13-0033443		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 59 year old female, who sustained an industrial injury on August 16, 2010. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, other syndromes affecting cervical region, post-concussion syndrome, other internal derangement of knee and cerebrospinal fluid rhinorrhea. Treatment to date has included knee surgery on January 29, 2013. Currently, the injured worker complains of knee pain, neck pain and headaches and low back pain with radicular pain. In a progress note dated August 29, 2013, the treating provider reports examination of the spine revealed decreased range of motion, positive Spurling's maneuver on the right, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, the left knee reveals tenderness to palpation over the medial joint lines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: DOCUSATE (PROMOLAXIN) 100MG BID PRN #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22, 67-68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, docusate/sennosides is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the retrospective use of Docusate 100mg #100 is not medically necessary.

**RETROSPECTIVE: DENDRACIN TOPICAL ANALGESIC #120 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

**Decision rationale:** Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of dendracin. Furthermore, it is not clear from the records that the failed oral first line therapies such as anti-convulsant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin is not medically necessary.