

Case Number:	CM14-0145313		
Date Assigned:	09/12/2014	Date of Injury:	05/08/2012
Decision Date:	01/27/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Rehab, 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:

This is a female patient with a date of injury of May 8, 2012. A utilization review determination dated August 27, 2014 recommends non-certification of Dendracin lotion (dosage unknown). A progress dated August 15, 2014 identifies subjective complaints of unchanged intermittent mild lumbar spine and cervical spine pain causing weakness and tenderness. The patient also complains of increased neck pain. The patient currently uses Aleve, Norco, Vicodin, Motrin, and Naprosyn for pain management. The physical examination identifies positive levator scapulae and trapezius muscle spasm, Spurling's sign is positive for neck pain, right SI joint tenderness and pain, and positive right Faber test. The diagnoses include DJD of left hand CMC joint, left hand thenar pain secondary to 5/8/12 specific injury, cervical strain with moderate central canal stenosis at C5-6 and C6-7, and right low back strain with sacroiliac joint contusion with moderate central canal stenosis at L3-4 and moderate facet arthropathy with moderate right foraminal stenosis at L5-S1. The treatment plan recommends LESI re-eval, pain management consult, right SI joint injection is pending, recommend physical therapy two times a week for four weeks for the lumbar spine, recommend consultation and treatment for low back pain with left lower extremity pain, request for Dendracin lotion for left-hand CMC joint which helps decrease pain, recommend naproxen, recommend ultracet #120, recommend cyclobenzaprine 10 mg #90, and recommend acupuncture for the lumbar spine x 6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding request for Dendracin lotion (dosage unknown), Dendracin is a combination of methyl salicylate, menthol, and benzocaine (according to drugs.com). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical benzocaine. In the absence of clarity regarding those issues, the currently requested Dendracin lotion (dosage unknown) is not medically necessary.