

Case Number:	CM14-0204665		
Date Assigned:	12/16/2014	Date of Injury:	11/30/2009
Decision Date:	02/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old woman who sustains a work related injury on November 30, 2009. She subsequently developed chronic low back and leg pain. According to a progress report dated November 18, 2014, the patient continued to note neuropathic pain in both lower extremities. She described burning, electrical, and shooting pain. The patient rated the severity of her pain as a 4/10 with medications and 8/10 without medications. She reported that the medications and the spinal cord stimulator do effectively reduce those pain symptoms. She continued to note low back pain. The patient has had a spinal cord stimulator placed in 2001 for complex regional pain syndrome in the left foot and ankle. She has previously been treated with conservative care including physical therapy, which was not particularly beneficial. The patient has a history of gastric bypass surgery. Examination of the neck revealed tenderness to palpation over the left greater than right at the paraspinal musculature. Examination of the lumbar spine revealed mild to moderate bilateral lumbar paraspinal tenderness with 0 to 1+ palpable muscle spasms present. She had tenderness over the IPG region. Examination of the left foot and ankle revealed mild swelling and blanching of the skin in the lateral aspect. She had limited range of motion in dorsiflexion and plantarflexion. The patient was diagnosed with complex regional syndrome type I left foot and ankle, lumbar spine sprain/strain secondary to compensatory gait, bilateral hip pain, depression, and bipolar disorder. The provider requested authorization for Dendracin lotion.

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 Analgesics.

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

Decision rationale: Dendracin is formed by methyl salicylate, menthol and benzocaine. According to MTUS, salicylate topicals are recommended and are 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 patient failed oral first line therapies such as anticonvulsivant or that the patient developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin is not medically necessary.