

Case Number:	CM14-0205255		
Date Assigned:	12/17/2014	Date of Injury:	07/25/2008
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
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 Physical Medicine Rehabilitation 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 45 year-old patient sustained an injury on 7/25/08 while employed by [REDACTED]. Request(s) under consideration include Dendracin Cream. Diagnoses include lumbar disc with radiculitis/ disc degeneration; and low back pain. Conservative care has included medications, therapy, CBT, psychology consult, and modified activities/rest. Medications list Diclofenac, Prilosec, Dendracin cream, Wellbutrin, Lidocaine topical, Metformin, Insulin, Ultracet, and Docusate. The patient continues to treat for chronic ongoing symptoms. Report from the provider noted continued low back and lower extremity pain rated at 8-10/10; there is recommendation for weight loss prior to any consideration of surgical intervention. Exam showed unchanged findings of non-antalgic gait; limited lumbar range in all planes with increased pain on movement; good eye contact with good judgement and normal affect. Treatment included medications. The request(s) for Dendracin Cream was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 110-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding when used concurrently with another salicylate/NSAID as in this case, Diclofenac. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Dendracin Cream is not medically necessary and appropriate.