

Case Number:	CM15-0008625		
Date Assigned:	01/26/2015	Date of Injury:	09/26/2001
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 09/26/2001. The mechanism of injury was not specifically stated. The current diagnoses include fibromyalgia, multilevel cervical degenerative disc disease, cervicogenic headaches, thoracic sprain, lumbar sprain, lumbar radiculopathy, dyspepsia and urological complaints. The injured worker presented on 12/09/2014, for a followup evaluation with complaints of a flare up in fibromyalgia pain. The injured worker also reported radiating pain into the bilateral upper extremities causing numbness and tingling, as well as a burning pain in the bilateral lower extremities. Previous conservative treatment is noted to include physical therapy, medication management and lumbar epidural steroid injections. The current medication regimen includes tramadol ER, Norco, Lyrica, Ambien, Imitrex, naproxen, Soma, Protonix and lidocaine patch. Upon examination, there was 30 degrees cervical flexion, 15 degree extension, diffuse myofascial tenderness from C1-T1 and 1+ muscle spasm, diffuse tenderness in the bilateral upper extremities, positive Tinel's sign at the bilateral wrists, mild swelling, 1+ spasm in the thoracic spine, hypoesthesia in the thoracic spine at the T3-5 dermatomal distributions, tenderness in the thoracic paraspinous muscles, facet tenderness at L4-S1, increased pain with stressing at the facet joints bilaterally, increased pain with extension and rotation on examination, 1+ muscle spasm, 30 degree lumbar flexion, 5 degree extension, 10 degree right lateral flexion, 5 degree left lateral flexion, positive straight leg raise bilaterally at 40 degrees, hypoesthesia in the L5-S1 dermatome, 2+ deep tendon reflexes and 4/5 motor weakness on the right. Recommendations included continuation of the current medication regimen. The injured worker was also issued a prescription for Dendracin

lotion for treatment of neuropathic pain complaints. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when there is evidence of failure of first line treatment. According to the documentation provided, there was no evidence of a failure of first line oral medication prior to the initiation of a topical analgesic. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.