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| Case Number: | CM15-0101853 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 02/19/2013 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on 2/19/2013. He reported low back pain after bending over to pick up an object. The injured worker was diagnosed as having status post lumbar surgery, residual right lower extremity radiculopathy. Treatment to date has included x-rays, medications, physical therapy, magnetic resonance imaging of the lumbar spine (4/7/2014), lumbar laminectomy and discectomy (6/16/2013), lumbar fusion (9/4/2014), aqua therapy, sleep study, and pain management. The request is for Dendracin lotion. On 3/30/2015, he reported feeling as if his condition had worsened. He reported continued low back pain, with pain in both legs, weakness in the lower extremities, and associated numbness of the legs. He also reported sleeping difficulties, and feelings of depression. He indicated he gets minimal relief with medications. He is currently not working. Current medications are listed as: Gabapentin, and Percocet. He has a limited range of motion, and a positive straight leg raise test on the right. The treatment plan included: continue Gabapentin, trial Amitriptyline, continue Xartemis XR, aquatic therapy, magnetic resonance imaging of the lumbar spine, electrodiagnostic studies, and follow up. On 4/20/2015, the provider provided a supplemental report indicating that the injured worker had failed a trial of Dendracin lotion; however, it was felt that the trial had not been long enough to determine the effectiveness of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion quantity 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Compounded Drugs.

Decision rationale: MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay and Capsaicin. ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Dendracin Lotion 240ml is not medically necessary.