MAXIMUS Federal Services

Case Number:	CM15-0165242		
Date Assigned:	09/02/2015	Date of Injury:	05/17/2008
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 31-year-old male who sustained an industrial injury on May 17, 2008 resulting in headaches, neck pain, right arm and wrist pain, radiating low back pain, right ankle pain and left knee pain. Diagnoses have included cephalgia; cervical sprain; lumbar spine; tendonitis of the left wrist, left knee and right ankle; brachial plexus injury; lymphedema; right ankle fusion; two right arm fractures with open reduction internal fixation; and, status post right fibula fracture with open reduction and internal fixation, with complete muscle atrophy. Documented treatment includes right arm and leg surgeries; 12 sessions of physical therapy with reported improvement in pain and range of motion; chiropractic treatments; home exercise; TENS unit with report of helping reduce low back pain and muscle spasm, but increasing right upper extremity pain; weight loss; medication including Gabapentin, Cymbalta, Norco, Robaxin, and Dendracin lotion which is reported to enable him to be self-sufficient and participate in life events; and, psychotherapy. The injured worker continues to present with right upper extremity pain including color and temperature changes to the skin, and swelling and a subjective report of feeling like it is on fire. He also still experiences low back and right knee pain. The treating physician's plan of care includes continued use of Dendracin lotion. Work status as of August 5, 2015 Physician's report was that was to be off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion #240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: Dendracin contains .0375% Capsacin, 30% Methyl Salicylate and 10% Menthol. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, the claimant was on numerous oral analgesics. Therefore, Dendracin is not medically necessary.