

Case Number:	CM15-0205944		
Date Assigned:	10/22/2015	Date of Injury:	09/16/2014
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, Illinois

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 26 year old male injured worker suffered an industrial injury on 9-16-2014. The diagnoses included bilateral lumbar radiculitis and lumbosacral spondylolisthesis with segmental instability. On 4-29-2015, the treating provider reported low back pain and bilateral leg numbness rated at the visit as 3 out of 10 but increases up to 8 to 9 out of 10 3 times a week. He was currently taking Ibuprofen which he found helpful and however did not tolerate Gabapentin due to nausea. The physical therapy discharge evaluation on 4-23-2015 noted he had made minimal progress toward functional goals after 6 sessions of therapy. On exam, the lumbar spine had painful range of motion that was limited. There was decrease sensation in the right lower extremity. Lyrica and Dendracin were prescribed at visit 4-29-2015. Surgical intervention with lumbar fusion was recommended. Request for Authorization date was 4-29-2015. The Utilization Review on 10-15-2015 determined non-certification for Retrospective request for Dendracin 120ml #1 with no refills (Dispensed 4-29-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dendracin 120ml #1 with no refills (Dispensed 4/29/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/dendracin-lotion.html>.

Decision rationale: The injured worker sustained a work related injury on 9-16-2014. The medical records provided indicate the diagnosis of bilateral lumbar radiculitis and lumbosacral spondylolisthesis with segmental instability. Treatments have included Ibuprofen, Ibuprofen, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Retrospective request for Dendracin 120ml #1 with no refills Dispensed 4/29/2015. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin is a topical analgesic containing methyl salicylate, benzocaine and menthol. The requested treatment is not medically necessary because benzocaine and menthol are not recommended.