

Case Number:	CM15-0024499		
Date Assigned:	02/17/2015	Date of Injury:	09/01/2013
Decision Date:	03/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male who sustained an industrial injury on 09/01/2013. Diagnoses include right lower extremity pain, status post right lower extremity abrasion with secondary cellulitis and thrombophlebitis, and chronic right lower leg pain, venostasis secondary to injury. Treatment to date has included medications, physical therapy, and home exercise program. A physician progress note dated 01/26/2015 documents the injured worker complains of pain in the right leg and rates the pain as 5 on a scale of 1 to 10. There is a well-healed surgical scar and there is some hidrosis and mild cutaneous atrophy and trace edema. Range of motion of the knee and ankle is painful but within normal limits. Treatment requested is for Dendracin 120mg apply to affected area as needed no refill. On 02/05/2015 Utilization Review non-certified the request for Dendracin 120mg apply to affected area as needed with no refill, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120mg apply to affected area as needed no refill: Upheld

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

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

Decision rationale: This 52 year old male has complained of right lower extremity pain since date of injury 9/1/13. He has been treated with physical therapy and medications. The current request is for Dendracin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Dendracin lotion is not indicated as medically necessary.