

Case Number:	CM15-0034092		
Date Assigned:	03/02/2015	Date of Injury:	11/23/2012
Decision Date:	04/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 44 year right handed female, who sustained an industrial injury, November 23, 2012. The injury was sustained when the injured worker fell outside the bathroom and suffered a right wrist, arm strain and left knee injuries. According to progress note of January 13, 2015, the injured workers chief complaint was right shoulder, right arm, right side of the chest pain and left knee. The injured worker rated the pain at 6 out of 10 with pain medication and without 7-8 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by heavy lifting and the cold. The injured worker noted improvement with electrical stimulation and creams. The physical exam noted pain in the right wrist with range of motion, although within normal limits. Right forearm had diffuse tenderness. The shoulders were noted for tenderness over the anterior and posterior aspects of the shoulders. The shoulders were negative for impingement and Sulcus signs were negative. There was tenderness over the midline joint of the left knee. The injured worker was diagnosed with chronic right TFCC full-thickness tear, myofascial sprain and strain of the cervical spine, bursitis of the right shoulder and cervical radiculopathy. The injured worker previously received the following treatments Relafen, Prilosec, Gabapentin and MRI of the right shoulder. October 21, 2014, the primary treating physician requested authorization for a prescription for Dendracin. On February 20, 2015, the Utilization Review denied authorization for a prescription for Dendracin. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin: 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): 111-113.

Decision rationale: Regarding the request for Dendracin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine (similar to benzocaine) is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Dendracin is not medically necessary.