

Case Number:	CM15-0041183		
Date Assigned:	03/11/2015	Date of Injury:	07/29/1981
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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 57 year old male, who sustained an industrial injury on July 29, 1981. He has reported back pain with numbness and tingling of the right leg. Diagnoses have included thoracic and lumbar spine strain/sprain, and chronic lower back pain. Treatment to date has included medications, chiropractic, multiple back surgeries including spinal fusion and removal of hardware, physical therapy, home exercise, and imaging studies. A progress note dated January 26, 2015 indicates a chief complaint of bleeding from a surgical wound. The treating physician documented a plan of care that included surgical follow up and Dendracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Dendracin contains .0375% Capsaicin, 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 less than .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. Therefore Dendracin is not medically necessary.