

Case Number:	CM15-0058568		
Date Assigned:	04/03/2015	Date of Injury:	05/17/2008
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 31 year old male sustained an industrial injury to the right arm and right lower extremity on 5/17/08. The injured worker sustained two fractures of the right forearm and one fracture in the proximal arm and a fracture to the right fibula. Previous treatment included open reduction internal fixation of right upper and lower extremity fractures, right ankle fusion, physical therapy, epidural steroid injections, stellate ganglion block and medications. In a PR-2 dated 2/10/15, the injured worker complained of increased burning, lancinating and electrical pain affecting the right wrist and hand, low back pain, right leg pain and numbness and tingling to the right lower extremity. The injured worker also reported ongoing color changes, temperature changes, skin changes and swelling to the right upper extremity. Current diagnoses included severe right upper extremity neuropathic pain, flaccid right upper extremity with evidence of complex regional pain syndrome, cephalgia, cervical spine sprain/strain, lumbar spine sprain/strain, status post open reduction internal fixation of right fibula with history of degloving injury right lower leg, status post right ankle fusion with recurrent osteomyelitis of the right ankle, depression, recurrent nightmares and chronic insomnia. The treatment plan included continuing medications (Norco, Neurontin, Cymbalta and Dendracin lotion).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120 ml #120: Upheld

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

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

Decision rationale: This 31 year old male has complained of right arm and right leg pain since date of injury 5/17/08. He has been treated with physical therapy, surgery, epidural steroid injection 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 medically necessary.