

Case Number:	CM15-0083383		
Date Assigned:	05/05/2015	Date of Injury:	02/12/2009
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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 injured worker was a 58-year-old female, who sustained an industrial injury, June 20, 2013. The injured worker previously received the following treatments Anaprox, C5-C6 fusion, left rotator cuff surgery, Metformin, Gabapentin, Vicodin, Naproxen, home physical therapy, Left L4 transforaminal injection under fluoroscopy and lumbar spine lumbar spine. The injured worker was diagnosed with lumbar stenosis, lumbar pain, lumbar radiculopathy, cervical pain and lumbar spondylosis. According to progress note of March 16, 2015, the injured workers chief complaint was low back pain with radiation of pain down the left leg stopping at the top of the foot. The injured worker rated the pain 3-4 out of 10; 0 being no pain and 10 being the worse pain. The pain was rated without pain medication 6-7 out of 10. The duration of pain relief was 4 hours with pain medication. The injured worker received an epidural steroid injection at the last visit. The injured worker received 70% relief of pain from the injection. The lower back muscle spasms associated with standing too long or sitting. The physical exam noted atrophy of the intrinsic muscles of the neck with spasms of the cervical spine. The treatment plan included a prescription for 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: 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: The injured worker sustained a work related injury on 02/12/2009. The medical records provided indicate the diagnosis Lumbar spinal stenosis, lumbar radiculopathy, lumbar spondylosis. Treatments have included Epidural steroid injections, Home exercises program, gabapentin and Naproxen. The medical records provided for review do not indicate a medical necessity for Dendracin Lotion 120 ml. Dendracin is a topical analgesic containing methyl salicylate, benzocaine and menthol. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Benzocaine and menthol are not recommended. The request is not medically necessary.