

Case Number:	CM15-0085220		
Date Assigned:	05/07/2015	Date of Injury:	01/27/2009
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: California

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 is a 44-year-old male, who sustained an industrial injury on 1/27/2009. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include recurrent lumbar radiculopathy due to lumbar disc herniation at L4-5, status post lumbar laminectomy and discectomy, prior cervical sprain/strain with radicular symptoms, cervical disc disease with improvement, and bilateral carpal tunnel syndrome. Treatments to date include NSAID, analgesic, topical pain reliever, home exercise, and chiropractic therapy. Currently, he complained of recurrent intermittent pain across the low back with pain radiation to left greater than right lower extremities. On 3/26/15, the physical examination documented decreased lumbar range of motion. The plan of care included continuation of Dendracin Lotion, applied three to four times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Compound Drugs.

Decision rationale: Dendracin is a mix of common over the counter ingredients consisting of Methyl Salicylate 30% Menthol 10% Capsaicin 0.025%. MTUS Guidelines support the use of these agents, but the MTUS Guidelines recommend that they should be utilized as common over the counter creams such as Ben Gay. ODG Guidelines address this issue more directly and do not support the use of over the counter agents, which are then packaged as specialty compounded pharmaceuticals. Guidelines do not support Dendracin Lotion 120mg #1 as a specialty- compounded agent. The Dendracin Lotion is not medically necessary.