

Case Number:	CM15-0089453		
Date Assigned:	05/13/2015	Date of Injury:	01/06/2010
Decision Date:	07/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51-year-old female, who sustained an industrial injury on 01/06/2010. She has reported injury to the left upper extremity. The diagnoses have included reflex sympathetic dystrophy syndrome of the left upper extremity; and autonomic dysreflexia. Treatments have included medications, diagnostics, physical therapy, and home exercise program. Medications have included Diclofenac Sodium ER and Dendracin lotion. A progress report from the treating physician, dated 04/20/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing pain in the left upper extremity and pulmonary issues; there are no acute changes to her condition; she continues to get cramping in her fingers that travel into her forearm; pain with movement and range of motion of the elbow; she cannot straighten her left elbow due to the swelling she gets; cramping and increased sweating in the left upper extremity, and increased tremors compared to the right side; pain is aggravated with activities; pain is rated as 5/10 on the visual analog scale today without medications; at times, it goes up to a 7; Dendracin does help her pain and function, but she only uses it sparingly; and she does home exercise program regularly and finds some benefit. Objective findings included no pain noted on flexion or extension at the joints of the fingers; no tenderness to palpation; no allodynia; left hand Durkin compression test is positive; left hand Tinel's sign is positive; and grip strength is decreased on the left compared to the right side. The treatment plan has included the request for Dendracin ointment twice-daily #1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin ointment bid #1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams Salicylate topicals, Topical analgesics.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded." The medical documents do not support the use of this topical compound agent. As such, the request for Dendracin ointment bid #1 bottle is not medically necessary.