

Case Number:	CM14-0009408		
Date Assigned:	02/12/2014	Date of Injury:	09/20/2006
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a male patient with the date of injury of September 20, 2006. A utilization review determination dated January 8, 2014 recommends non-certification of Dendracin lotion per December 18, 2013 form quantity of one. The previous reviewing physician recommended non-certification of Dendracin lotion per December 18, 2013 form quantity of one due to lack of documentation of a diagnosis of neuropathic pain and objective evidence of functional improvement from the patient's prior use of Dendracin. A Progress Report dated November 19, 2013 identifies Subjective Complaints of severe excruciating pain in the left shoulder. The pain appears to radiate into the neck and deltoid. He complains of headaches. Pain across the low back affecting the right lower extremity. Physical Examination identifies left shoulder restricted range of motion, positive impingement, and positive cross arm weakness against resistance with abduction and internal and external rotation. Mild-to-moderate muscle spasms noted in the bilateral paralumbar musculature. Diagnoses identify L4-L5 8-mm extruded disc fragment with moderate-to-severe right-sided foraminal stenosis and marked disc degeneration at L5-S1, right lower extremity radiculopathy with significant weakness/foot drop, and left shoulder pain with small full thickness tear supraspinatus tendon/rotator cuff tear. Treatment Plan identifies appeal Dendracin. The patient has tried and failed Gabapentin due to side effects and ineffectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: Regarding request for Dendracin, Dendracin is a combination of methyl salicylate, menthol, and benzocaine (according to drugs.com). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, the patient is noted to localized peripheral pain and has tried and failed Gabapentin. However, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. The request for Dendracin lotion is not medically necessary or appropriate.