

Case Number:	CM14-0142990		
Date Assigned:	09/10/2014	Date of Injury:	02/27/2013
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 33 year old patient had a date of injury on 2/27/2013. The mechanism of injury was not noted. In a progress noted dated 7/29/2014, subjective findings included continuing pain of right sided neck which affects the right shoulder and upper extremity. There has been more pain to the shoulder area with ongoing weakness. Topical compounded medication was discontinued due to lack of benefit. On a physical exam dated 7/29/2014, objective findings included moderate right sided cervical paraspinous tenderness with 1 to 2+ muscle spasms. She has decreased sensation in the median, ulnar, and radial nerve distribution. The diagnostic impression shows chronic right upper extremity symptoms consistent with complex regional pain syndrome/reflex sympathetic dystrophy, cervicalgia, right shoulder pain secondary to tendinosis and bursitis possible impingement. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/11/2014 denied the request for Dendracin lotion #120, stating that Dendracin contains ingredients that are not recommended for topical application. Furthermore, the patient continues to complain of increasing pain to the right shoulder, ongoing weakness and has been unable to resume physical therapy due to severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dendracin Lotion #120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation FDA: Dendracin lotion

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In a progress report dated 7/29/2014, there was no documented functional benefit from this medication, as the patient reports increased shoulder pain, and was unable to continue with physical therapy due to the pain. Furthermore, this product contains benzocaine, and guidelines do not recommend anesthetics in topical form. Therefore, the request for Dendracin lotion #120 was not medically necessary.