

Case Number:	CM14-0147563		
Date Assigned:	09/15/2014	Date of Injury:	02/23/2005
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 injured worker is a 57-year-old male with a 2/23/05 date of injury. A specific mechanism of injury was not described. According to a handwritten progress note dated 8/12/14, the patient complained of worsening and throbbing right foot pain. Objective findings listed included decreased lumbar and cervical range of motion (ROM) and guarding and spasms of paraspinal muscles. The diagnostic impression included cervical discogenic syndrome, lumbar degenerative disc disease, sprain/strain of the knee and/or leg, and shoulder impingement syndrome. Treatment to date has included medication management, activity modification, use of a TENS unit, and a home exercise program. A utilization review (UR) decision dated 8/27/14 denied the request for Dendracin gel on the basis that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder, or neuropathic pain, and none of the above-noted conditions for possible use have been documented in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin gel #2: 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 based on Non-MTUS Citation FDA Topical Medication Safety Warning

Decision rationale: A search of online 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, the California 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. A specific rationale identifying why Dendracin gel would be required in this patient despite lack of guideline support was not offered. Therefore, the request for Dendracin gel #2 is not medically necessary.