

Case Number:	CM14-0047443		
Date Assigned:	07/02/2014	Date of Injury:	04/18/2012
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic neck pain, and posttraumatic headaches reportedly associated with an industrial injury of April 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; topical compounded medications; unspecified amounts of physical therapy; epidural steroid injection therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for topical Dendracin and Flector while approving a trial of trazodone. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant reported persistent complaints of neck pain, low back pain, radicular leg pain, and insomnia. The applicant was described as currently using Dendracin, Celebrex, Flector, and trazodone. Acupuncture was sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing successful usage of multiple first-line oral pharmaceuticals, including Celebrex and trazodone, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents and/or topical compounds such as Dendracin. Therefore, the request for Dendracin is not medically necessary.

Flector 1.3% patch, twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: Flector is a derivative of diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac (Voltaren) is indicated in the treatment of small joint arthritis which lends itself toward topical application, such as for instance, the knees, ankles, feet, elbows, etc. Topical diclofenac (Voltaren) has not been evaluated in the treatment of issues related to the spine, as are present here. As with the other medications, it is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals effectively obviates the need for topical Flector. For all of the stated reasons, then, the request for Flector is not medically necessary.