

Case Number:	CM14-0214265		
Date Assigned:	01/07/2015	Date of Injury:	12/22/2003
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 64-year-old female with an injury date of 12/22/2003. Based on the 08/19/2013 progress report, the patient complains of bilateral knee pain and lower back pain. The pain is more prominent when she sits or stands for too long. The 01/06/2014 report indicates that the patient is obese and her subjective complaints have not changed. No further positive exam findings are provided on this report. The 06/16/2014 report indicates that the patient's condition remains unchanged. She has a slow gait, a restricted range of motion for the lumbar spine, and tenderness along her lumbar spine. The patient's diagnoses include the following: Morbid obesity. Hypertension. Status post bilateral knee arthroplasty. L4-L5 degenerative spondylolisthesis (grade 2). Gastroesophageal reflux disease. Constipation with hemorrhoids. Sleep disorder/obstructive apnea. The utilization review determination being challenged is dated 11/25/2014. Treatment reports are provided from 06/03/2013 - 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml: 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 creams Page(s): 111.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The request is for Dendracin 120 mL. None of the reports mentioned Dendracin, nor is there any indication of when the patient began taking this medication. Dendracin lotion is a compounded topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. MTUS Guidelines pages 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no indication of when the patient began using Dendracin topical analgesic cream and there is no discussion on how this compound product is used and with what efficacy. Review of the reports provided does not mention if the patient has failed any antidepressants and anticonvulsants. The 01/06/14 report lists the following medications: ProctoFoam Cream, Rozerem, Prilosec, Senna, and Tramadol. Furthermore, MTUS page 60 requires documentation of pain and function when medication is used for chronic pain. None of the reports provide any discussion regarding Dendracin. Therefore, the requested Dendracin is not medically necessary.