

Case Number:	CM15-0006043		
Date Assigned:	01/20/2015	Date of Injury:	08/13/2014
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 injured worker is a 48 year old female, who sustained an industrial injury on 08/13/2014. She has reported sudden onset of numbness and tingling in the fingers of the right hand that spread to the right elbow, forearm, and wrist in a two week period. The injured worker was diagnosed with bilateral wrist flexor and extensor tendinitis with dynamic carpal tunnel syndrome with negative electromyogram with nerve conduction study, left de Quervain's tenosynovitis, bilateral elbow sprain with dynamic cubital tunnel syndrome, left shoulder periscapular strain, and cervical spine musculoligamentous sprain/strain. Treatment to date has included at least six physical therapy visits, occupational therapy, and topical analgesic. Currently, the injured worker complains of bilateral wrist/hand pain with numbness and tingling, bilateral elbow/forearm, and left shoulder pain. The treating physician requested a prescription for topical ointment, Dendracin lotion to decrease pain. On 12/23/2014 Utilization Review non-certified a prescription for topical ointment, Dendracin lotion 120ml to be applied twice a day to three times a day, noting the California Medical Treatment Utilization Schedule, Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion, 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Dendracin neurodendracin, Physician's Science and Nature, Inc website. Accessed 03/13/2015. <http://www.physiciansscience.com/>

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Dendracin is a topical compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methyl salicylate 30%) and general pain reliever (menthol 10% and capsaicin 0.025%) classes. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines do not support the use of topical menthol. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120mL of dendracin lotion is not medically necessary.