

Case Number:	CM15-0011973		
Date Assigned:	01/29/2015	Date of Injury:	08/01/2002
Decision Date:	03/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 08/01/2002. Diagnoses include right upper extremity chronic pain syndrome, right shoulder strain/sprain, right elbow lateral epicondylitis and status-post right ulnar nerve decompression at the elbow and wrist. Treatment to date has included medications, work restrictions, and physical therapy. A physician progress note dated 12/03/2014 documents the injured worker has pain over the right shoulder and upper extremity with numbness, tingling and weakness. He has tenderness to palpation of the glenohumeral and acromioclavicular joint. There is tenderness over the lateral epicondyle with positive Tinel's. He has right upper extremity neuropathic pain. Treatment requested is for a prescription drug-generic- Dendracin Lotion. On 01/15/2015 Utilization Review non-certified the request for a prescription drug-generic-Dendracin Lotion, and cited was California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-1113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition, 2015, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, " agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication is a compound that included ingredients that are not recommended as topical analgesics per the California MTUS including methyl salicylate and menthol. Therefore per the guidelines cited above, the request is not certified.