

Case Number:	CM15-0122160		
Date Assigned:	07/06/2015	Date of Injury:	02/12/2003
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old male who sustained an industrial injury on 2/12/2003 resulting in low back pain with impaired range of motion. The injured worker is diagnosed with chronic and persistent low back pain, status post L4-S1 interbody fusion. Treatment has included L4-5 and L5-S1 anterior fusion; posterior fusion and pedicle screw fixation for spondylolisthesis; a functional restoration program; acupuncture; and, pain medication which he reports improves pain symptoms by 50% and enables him to participate in activities of daily living. The injured worker continues to present with nociceptive low back pain with bilateral lower extremity radiation. The treating physician's plan of care includes Dendracin lotion applied 3-4 times daily. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion apply 3-4 times a day on affected body parts #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, salicylate topicals.

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

Decision rationale: MTUS Guidelines are very specific recommending that only FDA/ Guideline approved agents be utilized. The Guidelines also state that any compound utilizing a non Guideline supported agent is not recommended. This compound is a blend of common over the counter agents (Methylsalicylate 30%, Capsaicin .0375% and Mentol 30%) this is dispensed and billed as a specialty compounded medication that has unique status even though it contains common over the counter products. The Guidelines specifically state that that Capsaicin .0375% is a not recommended over commonly available over the counter .0275% Capsaicin, which makes this blend non-supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Dendracin lotion apply 3-4 times a day on affected body parts #120 is not supported by Guidelines and is not medically necessary.