

Case Number:	CM15-0126900		
Date Assigned:	07/13/2015	Date of Injury:	09/19/2012
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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:

This 65 year old female sustained an industrial injury to the left shoulder and back on 9/19/12. Previous treatment included physical therapy, hot/cold packs, epidural steroid injections, back brace and medications. In the most recent documentation submitted for review, an agreed medical evaluation dated 1/20/15, the injured worker complained of pain to the head, left shoulder with radiation down the left upper extremity and low back with radiation down the left leg to the foot. The injured worker rated her pain 5/10 on the visual analog scale with medications and 9/10 without medications. Physical exam was remarkable for diffuse tenderness to palpation to the left occipital notch through the left cervical spine paraspinal, left scale and left upper trapezius muscle band with normal range of motion, slightly diminished left shoulder range of motion with discomfort, diffuse left upper extremity weakness, diminished left grip strength, decreased sensation in the left upper extremity, decreased and painful lumbar range of motion, tenderness to palpation over the left paraspinal region with taut muscle band, guarding and trigger points, left lower extremity weakness and decreased left lower extremity strength. Current diagnoses included chronic pain syndrome, cervical and lumbar myofascial pain syndrome, lumbar spine spondylosis, depression, anxiety and sleep disturbance. The physician recommended that future medical care should include physical therapy, pain management counseling, functional restoration program evaluation, acupuncture, trigger point injections and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 0.0375%-10%-30%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS Guidelines are very specific stating that only FDA/Guideline approved agents are recommended for use and if any non supported agent is utilized in a compound that compound is not supported. The Dendracin consists of over the counter products, with the strength of Capsaicin (.0375%) that is specifically addressed in the Guidelines and is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Dendracin lotion 0.0375%-10%-30% is not supported by Guidelines and is not medically necessary.