

Case Number:	CM15-0145519		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2012
Decision Date:	10/06/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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, Ohio, 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 injured worker is a 33 year old female, who sustained an industrial injury on September 12, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication and, toxicology screen. Currently, the injured worker complains of left shoulder pain that radiates into the left underarm, left breast and left upper shoulder accompanied by left arm swelling and weakness, as well as swelling in the left underarm. She reports the pain is constant, aching and burning and is rated at 7-9 on 10. She also reports left neck pain that radiates to her left upper back and low back pain accompanied by swelling in the left low back region. The injured worker is currently diagnosed with chronic pain. Her work status is temporary total disability. A note dated December 18, 2014 states the injured workers pain is reduced from 9 on 10 to 4 on 10 from pain medication. The note also states the injured worker experiences therapeutic efficacy from Dendracin, and applies the lotion rather than using oral medications. A progress noted dated April 9, 2015 states the injured worker experienced therapeutic failure on Gabapentin due to side effects and non-steroidal anti-inflammatory medication due to stomach upset. The note also states the injured worker continues to experience relief from pain and muscle spasms from Dendracin. The medication, Dendracin lotion, is requested to alleviate site specific pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.