

<b>Case Number:</b>	CM15-0172412		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 51 year old male, who sustained an industrial injury on 5-08-2012. Diagnoses include herniated nucleus pulposus C5-6 and C6-7, cervical radiculopathy (C5-6, C6-7) and worsening atrophy left arm-deltoid brachioradialis. Treatment to date has included diagnostics including EMG (electromyography), medications, activity modification, physical therapy, pain management evaluation and treatment and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 3-25-2015, the injured worker reported worsening neck and upper extremity pain, worsening atrophy and weakness, back pain, leg pain and shoulder pain. Objective findings included pain to palpation over the cervical muscles and facets with limited range of motion secondary to pain and severe stiffness. Sensation was diminished in the C6 and C7 distribution of the left upper extremity. The plan of care included surgical intervention. Per the medical records dated 4-13-2015 pain was unchanged with cervical pain and spasm. As of 6-08-2015 there were no interval changes. There was tenderness to palpation and guarded motion due to pain. Work status was permanent and stationary. Authorization was requested on 2-09-2015 for Dendracin 120mL. On 8-04-2015, Utilization Review non-certified the request for Dendracin 120mL (DOS 2-09-2015) citing lack of documented medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Dendracin 120ml (DOS: 2/9/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

**Decision rationale:** Capsaicin page 28 MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Dendracin. MTUS guidelines state the following: Recommended only as an option in patients who have not responded or are intolerant to other. The patient does not currently meet this guideline. According to the clinical documentation provided and current MTUS guidelines; Dendracin is not indicated as a medical necessity to the patient at this time.