

Case Number:	CM15-0064315		
Date Assigned:	04/10/2015	Date of Injury:	04/19/2011
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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, 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 53 year old male, who sustained an industrial injury on April 19, 2011. He has reported neck pain, lower back pain, shoulder pain and wrist pain. Diagnoses have included cervical spine sprain/strain, cervical spine disc herniation, carpal tunnel syndrome, lumbar spine disc protrusion, lumbar spine stenosis, chronic lower back pain, bilateral shoulder pain, and a right rotator cuff tear. Treatment to date has included medications, lumbar spine medial branch block, right shoulder rotator cuff repair, physical therapy, lumbar spine epidural steroid injection, and psychotherapy. A progress note dated March 4, 2015 indicates a chief complaint of neck pain, lower back pain, bilateral shoulder pain, anxiety, and panic attacks. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Dendracin Lotion 240ml, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicyte Topical Page(s): 111, 105.

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

Decision rationale: This is a retrospective request for Dendracin topical lotion for chronic pain. Dendracin contains methyl salicylate, menthol and capsaicin. The MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of first-line agents, such as antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate and menthol are not recommended. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other therapies. Therefore this retrospective request is deemed not medically necessary or appropriate.