

Case Number:	CM15-0077236		
Date Assigned:	04/28/2015	Date of Injury:	12/13/2010
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Illinois

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 60 year old female, who sustained an industrial injury on 12/13/10. She reported pain in her lower back. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included a sleep study and oral and topical medications. As of the PR2 dated 3/10/15, the injured worker reports 7-8/10 pain in her lower back. She is having nearly daily episodes of heartburn. The treating physician discontinued the Voltaren and increased her Prilosec. The treating physician requested a bottle of Dendracin lotion 121ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bottle Of Dendracin Lotion 120 ml: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/13/10. The medical records provided indicate the diagnosis of lumbar sprain. Treatment to date has included

a sleep study and oral and topical medications. The medical records provided for review do not indicate a medical necessity for 1 Bottle Of Dendracin Lotion 120 ml. Dendracin lotion is a topical analgesic containing methyl Salicylate 30%; Capsaicin 0.0375%; and Menthol USP 10%. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended agent, neither is the 0.0375% formulation of capsaicin. The request is not medically necessary.