

Case Number:	CM15-0091582		
Date Assigned:	05/15/2015	Date of Injury:	05/09/1998
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old male, who sustained an industrial injury on May 9, 1998. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc displacement, sciatica, and lumbar region sprain. Diagnostic studies to date have included an MRI and x-rays. Treatment to date has included epidural steroid injections, a home exercise program, physical therapy, ice/heat, and medications including opioid analgesic, muscle relaxant, anti-epilepsy, steroid, antidepressant, and topical analgesic. On April 8, 2015, the injured worker complains of chronic lumbosacral radicular pain. He reports that physical therapy is helping his lower back pain and improving his left lower extremity strength. His pain is rated 3-7/10. The physical exam revealed improving vastus medialis oblique (VMO) bulk, an antalgic gait, decreased lumbar range of motion, and negative straight leg raise. Functionally step-ups and transferring from sit to standing is improved. He is retired. The treatment plan includes Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml apply 2-3 times per day No refills (Dispensed 4/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter <http://www.drugs.com/cdl/dendracin-lotion.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/benzocaine-topical.html> and <http://www.drugs.com/cdi/dendracin-lotion.html>.

Decision rationale: Dendracin 120ml apply 2-3 times per day no refills (Dispensed 4/8/15) is not medically necessary per the MTUS Guidelines and a review online of benzocaine and Dendracin. Dendracin contains methyl salicylate/benzocaine/menthol. Per MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. Benzocaine per a review online of this topical agent is a local anesthetic. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS, which has menthol in it and is medically used per MTUS for chronic pain. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not indicate that the patient is intolerant to oral medications or has failed anticonvulsants or antidepressants therefore the request for Dendracin is not medically necessary.