
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	7/1/2011
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001346

- 1) MAXIMUS Federal Services, Inc. has determined the requested Dendracin 120 ml, (2 bottles) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Dendracin 120 ml, (2 bottles) **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013

“According to the medical records, the patient is a 52 year-old female who sustained an industrial injury on July 1, 2011. A QME was completed by Dr. [REDACTED] on December 6, 2012. The patient was diagnosed with left foot and ankle persistent pain, left extensor hallucis longus tendinitis or partial tear corroborated by MRI, complex regional pain syndrome of the left foot and ankle, left knee pain most likely degenerative osteoarthritis, previous thoracic pain, new complaints of low back pain with radiculitis corroborated by electrodiagnostic studies. The QME noted since her last evaluation the patient had received sessions of acupuncture, physical therapy and home exercise program along with a TENS unit. All of which have been somewhat effective, however did not completely resolve her ongoing symptoms. Future medical care was to allow for follow up with her primary treating physician, a series of three lumbar sympathetic blocks followed by desensitization and active physical therapy. The patient should also undergo therapy to the lumbar spine and an epidural steroid injection.

A podiatric follow up report by Dr. [REDACTED] dated April 9, 2013 noted that the patient was belligerent, hostile and crying with the interpreter and abrupt with Dr. [REDACTED]. The report noted that as Dr. [REDACTED] explained the MRI findings and the patient's candidacy with orthotics and cortisone injections she became very angry, started to cry and refused to have any more done. She got up grabbed her MRI films and left the clinic. Dr. [REDACTED] has requested that he not see this patient anymore.

An April 22, 2013 report noted in the patient's liver and kidney function tests were normal. She declined the lumbar sympathetic block injections. She also declined intra-articular cortisone injection offered by her podiatrist. She had receive some physical therapy. She was using a TENS unit and participated in a home exercise program. Given that her liver function was better she would be started on a low-dose of Topamax. Given the fact that she was declining further aggressive measures her condition was nearing MMI.

A May 21, 2013 PR-2 noted the patient was not working as her employer was unable to accommodate her work restrictions. She was awaiting authorization for acupuncture. She was to continue with her home exercise program and TENS unit. She was advised to follow up with her PCP for DM and HTN on a non-industrial basis. Her liver function tests dated May 3, 2013 by her PCP were normal.

A report dated June 18, 2013 noted the patient reported leg and lower back pain. She was walking with a cane. The examination noted muscle spasm, guarding and decreased range of motion. She was prescribed Dendracin and TENS unit patches x 2 pairs.

While the Methyl Salicylate ingredient in Dendracin is recommended, the Benzocaine would fall under the same class as Lidocaine, which is only in a dermal patch formulation. The guidelines state that if one ingredient is not recommended in a compound medication, the medication is not recommended. The use of Dendracin lotion would not be indicated. Therefore, recommendation is for NON-CERTIFICATION of the request for Dendracin 120 ml x 2 bottles.

This patient has a diagnoses of CRPS. She has been using home TENS unit with reported benefit. Given the patient's diagnoses, continued use of the TENS until would be indicated. Therefore, recommendation is for CERTIFICATION of the request for TENS unit patched x2 pairs."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/5/2013)
- Peer to Peer Review from [REDACTED] (dated 7/5/2013)
- Chronic Pain Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments pg 101

NOTE: Requested Medical Records were not provided timely from the claims administrator

1) Regarding the request for Prescription Dendracin 120 ml (2 bottles):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines (May, 2009), pg. 111-113, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 1, 2011 to the left foot and ankle. Medical records submitted for review indicate diagnoses of left foot and ankle persistent pain, left extensor hallucis longus tendinitis or partial tear, complex regional pain syndrome of the left foot and ankle, left knee pain most likely degenerative osteoarthritis, previous thoracic pain, and new complaints of low back pain with radiculitis. Treatments have included diagnostic imaging, electrodiagnostic studies, Acupuncture sessions, physical therapy, home

exercise program along with a transcutaneous electrical nerve stimulation (TENS) unit, and medication management. The request is for Dendracin 120 ml (2 bottles).

The MTUS Chronic Pain Treatment Guidelines indicate 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 (first line therapy) have failed. In this case, the medical records were not submitted to find evidence of first-line therapy provided to the employee. Furthermore, the Guidelines state that if one ingredient in a compound medication is not recommended then the medication is not recommended. The benzocaine ingredient in Dendracin is only recommended in a dermal patch formulation. The request for Dendracin 120 ml (2 bottles) is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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