

Case Number:	CM14-0143616		
Date Assigned:	09/12/2014	Date of Injury:	06/30/2009
Decision Date:	10/21/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 64 year old male who had developed chronic low back and foot pain subsequent to an injury dated 6/30/09. He is being treated by a pain specialist with oral analgesics which consists of MS Contin 30mg. TID, Hydrocodone 1-2 daily, laxatives, Cymbalta, and a topical ointment. He has undergone treatment with lumbar epidural steroids and foot surgery. The topical ointment is said to provide meaningful pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics , Salicylate topicals Page(s): 112, 103.

Decision rationale: Dendracin is a mix of over the counter products consisting of Menthyl Salicylate (30%) Capsaicin (.025%) and Menthol (10%). These ingredients have MTUS Guidelines support for use in chronic pain as an over the counter product. However, this particular product is sold only to physicians and promoted as specialty compounded medication. Guidelines do not support the use of over the counter products in this manner. ODG Guidelines

specifically state that if a product contains only over the counter active ingredients it should not be considered a compounded or specialty medication.