

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	9/27/2010
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006253

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Dendracin lotion is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 request for **Dendracin lotion 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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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.

Expert Reviewer Case Summary:

This is a male injured worker who sustained an injury and has been diagnosed with closed fracture of neck of metacarpal bone and shoulder joint pain. The Utilization Review (UR) performed on 7/15/13 evaluated clinical documentation. The most recent medical record available for my review is a note dated 10/22/12. The issue at hand is whether the Dendracin lotion (methyl salicylate, menthol, capsaicin) is medically necessary and appropriate.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Dendracin lotion :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines Table 3-1, Analgesic creams and the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which are part of MTUS, as well as Official Disability Guidelines (ODG), topical compounded medications, which is not part of MTUS and the

Food and Drug Administration, December 05, 2006, News Release, Compounded topical anesthetic creams, which his not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Medication, pages 111-113, which is part of MTUS.

Rationale for the Decision:

Dendracin (methyl salicylate, menthol, some formulations contain capsaicin, some formulations contain benzocaine) is prescribed for chronic pain. The MTUS guidelines note that topical medications are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.

After a review of the medical records methyl salicylate may have an indication for chronic pain in this context. The MTUS guidelines, pg. 105, indicate that topical salicylate is significantly better than placebo in chronic pain.

Capsaicin may have an indication for chronic pain in this context. Per the MTUS guidelines there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy.

The MTUS provides no evidence-based recommendations regarding the topical application of benzocaine. However, benzocaine and lidocaine are both sodium-channel blocking local anesthetics with the same mechanism of action for the proposed use, which is reduction of chronic pain. The MTUS guidelines for topical Lidocaine note further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia.

The MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. The guidelines note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since menthol is not medically indicated, than the overall product is not indicated.

Regarding the use of multiple medications, the guidelines state only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Therefore, it would be optimal to trial each medication individually. **The request for Dendracin lotion 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,

Paul Manchester, MD, MPH
Medical Director

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

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.