

Case Number:	CM13-0004797		
Date Assigned:	11/01/2013	Date of Injury:	04/26/2008
Decision Date:	03/31/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Management, 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 physician 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.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 53-year-old with a 4/26/08 date of injury. At the time of request for authorization for Dendracin lotion, there is documentation of subjective (popping both knees, numbness, low back pain, weakness both knees, burning sensation on the bottom of the feet) and objective (tenderness and pain) findings current diagnoses (lumbosacral sprain and strain with myofasciitis, s/p left knee surgery, compensatory pain right knee, and deconditioning), and treatment to date (activity modification and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that

ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain and strain with myofasciitis, s/p left knee surgery, compensatory pain right knee, and deconditioning. However, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. The request for Dendracin lotion is not medically necessary or appropriate.