

<b>Case Number:</b>	CM13-0025961		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas 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. 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 38-year-old female who reported an injury on 11/11/2011. Notes indicate that the patient was initially injured while stepping down off a step stool, missing the step, and falling onto the patient's right side, injuring the right knee. A clinical note submitted for review indicates on 08/23/2013 that the patient had complaints of moderate right knee burning sensation and pain indicated as 7/10. The patient also had constant, moderate to severe right hip stabbing sensation and an out-of-place sensation, which the patient indicated as a 9/10 visual acuity scale (VAS). Notes indicate the patient had constant, mild left knee popping and cracking, and on range of motion of the bilateral knees, the patient was noted to have pain in all planes; however, full range of motion was noted. The patient had medial and lateral joint line pain, subpatellar pain, posterior fossa and Sartorius muscle tenderness on palpation on the right with medial/lateral joint line and Sartorius muscle tenderness to palpation on the right. Apley's compression and Apley's distraction test was positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin (Methyl salicylate 30%, Menthol 10% and Capsaicin 0.0375%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation FDA (Topical Safety Warning).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgics and Dendracin lotion: Indications, Side Effects, Warning.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. CA MTUS states capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. However, while the documentation submitted for review indicates that the patient is currently prescribed the medication, this topical analgesic which contains a 0.0375% formulation of capsaicin is not recommended per the guidelines, as there is no indication of its efficacy over a 0.025% formulation. Given the above, the request for Dendracin methyl salicylate 30%, menthol 10%, capsaicin 0.0375% is not medically necessary and appropriate.