

Case Number:	CM13-0034560		
Date Assigned:	12/11/2013	Date of Injury:	02/01/2012
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 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. 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:

The patient is a 55-year-old male who reported injury on 02/01/2012. The patient was noted to undergo a left knee arthroscopy. The patient was noted to have 8 visits of physical therapy and noted little improvement in the pain. The patient indicated they do not like to take pain pills or anti-inflammatories. The patient noted they were unable to run due to pain. The physician was noted to give the patient topical Dendracin lotion 120 mL to apply as directed as needed #3. The patient's diagnoses were noted to include recurrent tear left medial meniscectomy, status post left knee arthroscopy x2, status post right knee arthroscopy, probable discogenic low back pain, left rotator cuff tendinitis, and internal derangement left hip. The request was for topical Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Page(s): 111, Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines do not specifically address Dendracin. However, per the online drug insert, Dendracin includes Methyl Salicylate, Benzocaine, and Menthol and it is used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. Per California MTUS, topical salicylates are recommended and 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 have failed. The clinical documentation submitted for review failed to provide the patient had a trial of an antidepressant and anticonvulsant. The clinical documentation indicated the request was for 120 ml of Dendracin with 3 refills. However, per the submitted request, there was a lack of quantity. Given the above and the lack of quantity, the request for Dendracin lotion #3 is not medically necessary.