

<b>Case Number:</b>	CM13-0035468		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 59 year old woman who sustained a work related injury on July 18 2012. Subsequently she developed chronic back and knee pain. She was diagnosed with bilateral knee patellofemoral arthritis, mild osteoarthritis, left meniscal tear and thoracic/lumbar sprain. The patient was treated with physical therapy, medications and work restriction. According to a note dated on September 13 2013, the patient was complaining of left knee severe swelling, buckling and instability. Physical examination demonstrated tenderness to palpation of the left knee with a positive McMurray's, positive Varus test and positive patellofemoral crepitus. The provider requested authorization to use Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION 120 ML:** 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 Salicylate Topicals Page(s): 126.

**Decision rationale:** Dendracin is formed by methyl salicylate, menthol and benzocaine. According to the MTUS guidelines, salicylate topicals are recommended and are better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of dendracin. Furthermore, it is not clear from the records that the failed oral first-line therapies such as anticonvulsants, or that the patient developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin is not medically necessary.