

Case Number:	CM13-0045850		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2012
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal medicine, and is licensed to practice in Virginia. 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 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 is a 37 year old man who had an injury on Apr 18 2012 after he slipped and fell on wet paint. He then underwent a right knee arthroscopy and developed left knee chondromalacia, which was seen on an MRI of the left knee on Jan 18 2013. [REDACTED] saw the patient on Apr 23 2013 and Apr 30 2013 for left knee pain. At this time, it was recommended that patient have surgical intervention. [REDACTED] saw the patient on Jun 11 2013 and Jul 23 2013 for left knee pain. The approach for treatment was to include post operative physical therapy for 3-6 weeks. He was prescribed Dendracin cream and Tramadol 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DENDRACIN (DURATION AND FREQUENCY UNKNOWN) DOS 7/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 105,110-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Dendracin contains methyl salicylate, benzocaine and menthol. Benzocaine is a local anesthetic, similar to lidocaine. Per the MTUS, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (such as tricyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica). Per ODG, methyl salicylate effectiveness is 'limited by the quality, validity and size of the available studies'. According to the medical records provided for review, this patient did not have an initial trial with first line therapy as recommended by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.