

Case Number:	CM13-0047272		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2009
Decision Date:	03/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Family Practice 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 64-year-old male who reported an injury on 06/30/2009. The mechanism of injury was noted to be a slip and fall. The patient was noted to have persistent left ankle pain secondary to a Lisfranc fracture dislocation of the left foot with a left fibula fracture. The patient was noted to be status post open reduction internal fixation of the midfoot and fusion of the left ankle on 07/22/2009 with a removal of the hardware and correction of the second mallet toe deformity on 11/20/2010. The patient's diagnoses were noted to include low back pain, chronic left shoulder sprain/strain, internal derangement of the left knee, and internal derangement of the right knee. There was also noted to be severe persistent left ankle and foot pain as a diagnosis. The request was made for continued Dendracin pain lotion for the knee, back and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin compound of benzocaine, methyl salicylate and menthol, topical: 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 Salicylates, Topical Analgesics Page(s): 105, 111. Decision based on Non-MTUS Citation Dendracin, Online Drug Insert.

Decision rationale: The Chronic Pain Guidelines indicate that 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. 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. The clinical documentation submitted for review failed to provide the objective functional benefit of the requested medication. Additionally, there was a lack of documentation indicating that the patient had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Dendracin compound of benzocaine, methyl salicylate and menthol, topical is not medically necessary.