

<b>Case Number:</b>	CM13-0051336		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Internal 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:

The patient is a 55 year old male who was run over by a car during working hours on 8/23/2011 sustaining injury to his left knee. Clinical note dated 12/18/2013 by [REDACTED] indicates the patient came to the visit with a cane and a costumed brace on the right knee. The patient states he uses hot and cold wraps, and wears a regular knee sleeve on the right knee. The patient also currently uses ThermaCare heat wrap and TENS Unit for pain relief. The patient has no allergies but is diagnosed with hypertension and diabetes. The patient also has issues with sleep, stress and depression. On physical exam tenderness was noted along the left knee and joint line laterally. Weakness was noted to resisted function. Left knee extension was noted at 180 degrees and flexion was 160 degrees. The patient is status post open reduction and internal fixation to the left knee 11/2011. CT Scan performed on 05/13/2013 revealed possible loose bodies along the lateral joint line (Catching noted). MRI of the right knee performed on 04/25/2013 revealed some wear and tear along the medial meniscus. The provider would also like an authorization for dendracin cream, gym membership, and a hinge knee brace for the right knee. There is also a request for a pain management referral for [REDACTED]. Blood testing was by outside physician for liver and kidney function. The patient can perform sedentary type of work. He has not returned to his employer and is not considered permanent stationary at this time. The provider states that medical improvement will hopefully be achieved in the next few months. His next follow-up appointment will be on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion provided on 9/25/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the medical treatment guidelines the recommended Dendracin does not meet the criteria. The use of topical analgesics such as Dendracin is largely experimental with few randomized controlled studies. Dendracin is a topical analgesic that per the guidelines should only be used once first line therapy for neuropathic pain (i.e. antidepressants and anticonvulsants) have failed. The patient was prescribed Neurontin at the same time he was prescribed Dendracin, and there is no documentation that the former medication has failed. Therefore, the Dendracin is not shown to be medically necessary and appropriate.