

Case Number:	CM14-0007274		
Date Assigned:	03/19/2015	Date of Injury:	05/10/2007
Decision Date:	04/16/2015	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for chronic low back, hip, shoulder, and knee pain reportedly associated with an industrial injury of May 10, 2007. In a Utilization Review Report dated December 23, 2013, the claims administrator failed to approve a request for a topical compounded Dendracin lotion. The claims administrator referenced an RFA form received on December 16, 2013, in its determination. The applicant's attorney subsequently appealed. On November 25, 2013, the applicant was described as using a variety of agents in addition to the topical compound at issue, including Naprosyn, Xanax, Ambien, Remeron, Prilosec, and Norco. Ongoing complaints of knee and low back pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - DENDRACIN NEURODENDRAXCIN- methyl

...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209... Label: DENDRACIN NEURODENDRAXCIN- methyl salicylate, menthol and capsaicin lotion.

Decision rationale: No, the request for Dendracin, a topical compounded medication, was not medically necessary, medically appropriate, or indicated here. Dendracin, per the National Library of Medicine (NLM) is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other medications. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals including Norco, Naprosyn, etc., effectively obviated the need for the capsaicin-containing Dendracin lotion at issue. Therefore, the request was not medically necessary.