

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0189302 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 04/19/2012 |
| <b>Decision Date:</b> | 01/09/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2014 |

### 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. The expert reviewer is Board Certified in Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of April 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; an H-Wave device; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for topical Dendracin, apparently dispensed on September 15, 2014. The claims administrator suggested that the applicant was already using a variety of analgesic and adjuvant medications, including Norco, naproxen, Relafen, Elavil, etc. The applicant's attorney subsequently appealed. On January 19, 2013, the applicant underwent a right knee lateral meniscectomy surgery to ameliorate preoperative diagnosis of right knee lateral meniscal tear, loose osteochondral body, and trochlear chondromalacia. In a progress note dated March 31, 2014, it was acknowledged that the applicant was using Norco, Relafen, and topical compounds, which included Terocin lotion. In a February 20, 2014 progress note, the applicant was using Norco, Naproxen, and Relafen as well as a topical Terocin compound. The applicant was not working; owing to ongoing complaints of knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Dendracin (DOS 9/15/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics Page(s): 28, 111. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Dendracin Medication Guide

**Decision rationale:** Dendracin, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin be employed only as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Naproxen, Elavil, Relafen, etc., largely obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" Dendracin compound at issue. Therefore, the request is not medically necessary.