

Case Number:	CM14-0204922		
Date Assigned:	12/17/2014	Date of Injury:	12/03/2011
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency 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:

Patient with reported date of injury on 12/3/2011. Mechanism of injury was not documented. Patient has a diagnosis of L ankle sprain, L ankle contusion, L plantar fasciitis, L achilles tendinitis, insomnia and L foot casting. Medical reports reviewed. Last report available until 10/15/14. Patient complains of ankle pain. Objective exam reveals normal spine with tenderness to L1 to sacrum with spasms bilaterally. Antalgic gait and walking with crutches. L foot has a cast all down to foot. Straight leg raise is reported negative. Sensory exam is normal. Dendrain was requested because patient is "symptomatic". Pt is not on any oral medications due to patient's refusal to do so. Independent Medical Review is for Dendracin cream. Prior Utilization Review on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream (Methyl Salicylate 30%, Menthol 10%, Capsaicin 0.025%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Drugs, and Topical NSAIDs Page(s): 110-112. Decision based on Non-MTUS Citation Drugs.com - <http://www.drugs.com/cdi/dendracin-lotion.html>

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

Decision rationale: Dendracin is a topical medication containing several compounds. It contains Methyl-Salicylate, Capsaicin and Menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is ankle and may be beneficial. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of Capsaicin or failure of other medications. Not medically necessary. 3) Menthol: there is no information about Menthol in the MTUS. Capsaicin is not medically recommended. Therefore, the requested Dendracin cream is not medically necessary.