

<b>Case Number:</b>	CM15-0130708		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 58-year-old male who sustained an industrial injury on 08/30/2005. Mechanism of injury occurred when the front loader he was working in fell down a hill 60 feet. The accepted body parts listed is the neck, back, elbows wrist and knees. Diagnoses include head injury with loss of consciousness and subsequent headaches, memory loss, poor concentration, and tinnitus in ears, depression and anxiety. He has cervical spine sprain-strain with multilevel cervical disc protrusion and bilateral C6 cervical radiculopathy per Electromyography-Nerve Conduction Velocity done on 02/29/2012. Bilateral shoulder pain with evidence of internal derangement, lumbar spine sprain-strain with evidence of bilateral lumbar facet joint mediated pain on examination and multilevel lumbar disc protrusion with annular tears at L4-L5, and L5-S1 and a normal Electromyography and Nerve Conduction Velocity done on 02/29/2012, and bilateral knee arthralgia with evidence of mild osteoarthritis left knee, and diabetes. Medications include Norco, Dendracin, Glipizide and Metformin. An x ray of the left knee was done on 04/13/2015 and it revealed mild bi-compartmental degenerative joint disease. No joint effusion is present. The patellofemoral joint is preserved. Treatment to date has included diagnostic studies, medications, lumbar medial branch nerve blocks; status post left elbow surgery, acupuncture sessions, aquatic therapy, knee injections, chiropractic sessions, vestibular rehab therapy, and treatment with a psychiatrist. A physician progress note dated 05/13/2015 documents the injured worker continues to complain of tinnitus. He states the vestibular rehab therapy has improved his gait and balance. He continues to complain of right greater than left shoulder pain in addition to the left knee pain. His low back pain remains unchanged. He complains of crepitus of the left knee and he has burning pain over the right shoulder. He rates his pain with medications as 2 out of 10 and without medications, his pain is rated a 6 out of 10. The injured worker has failed first

line medications for neuropathic pain over the right shoulder. He has failed Cymbalta, Gabapentin and Lyrica. He has hyperpathia over the right shoulder. Treatment requested is for Dendracin lotion (methyl salicylate 30%, Menthol 10%, Capsaicin 0.025%) #240 ml.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dendracin lotion (methyl salicylate 30%, Menthol 10%, Capsaicin 0.025%) #240 ml:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Dendracin contains a topical NSAID- Methyl Salicylate. Topical NSAIDS are indicated for short-term use for arthritis. In this case, the claimant was not diagnosed with arthritis. In this case, the claimant had knee arthritis, but the Dendracin was prescribed for the shoulder while the claimant was on Norco. Separately the knee was receiving a topical NSAID called Voltaren, topical NSAIDS can reach systemic levels equivalent to oral NSAIDS, and the combined use can risk toxicity. The Dendracin is not medically necessary.