

Case Number:	CM15-0132294		
Date Assigned:	07/20/2015	Date of Injury:	05/05/2013
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, 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:

This is a 49 year old female patient, who sustained an industrial injury on 5/05/2013, while employed as a housekeeper. She reported pain in her knees while cleaning tubs. The diagnoses include lumbar sprain-strain and status post partial meniscectomy. Per the doctor's note dated 4/09/2015, she had complaints of unchanged lumbar pain and unchanged knee pain. Knee pain on the left had increased due to compensating. The physical examination of the lumbar spine revealed tenderness to palpation and spasm, guarded motion due to pain. The physical examination of the right knee revealed motion loss and pain with deep flexion. The medications list includes dendracin, omeprazole, naproxen and tramadol/acetaminophen. The progress report did not detail a request for Dendracin. Treatment to date has included diagnostics, physical therapy, right knee partial meniscectomy 1/05/2015, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dendracin DOS 04/30/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Retrospective request for Dendracin DOS 04/30/2015. Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. Evidence of failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA MTUS, Chronic pain treatment guidelines. The medical necessity of retrospective request for Dendracin DOS 04/30/2015 was not established for this patient.