

Case Number:	CM15-0166312		
Date Assigned:	09/04/2015	Date of Injury:	04/29/2011
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old female, who sustained an industrial injury on 4-29-11. The injured worker was diagnosed as having lumbar spine sprain strain, right L5 and S1 radiculopathy, right knee internal derangement, patellar chondromalacia, and obesity. Treatment to date has included a L5-S1 transforaminal epidural steroid injection, physical therapy, home exercise, right knee partial meniscectomy, Cortisone injections for the back and right knee, and medication. Physical examination findings on 7-22-15 included bilateral L4-S1 paraspinous tenderness with spasms and palpable bands. Currently, the injured worker complains of back pain and right knee pain. The treating physician requested authorization for Dendracin lotion 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics, Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in April 2011 and is being treated for low back and right knee pain. In April 2015, Celebrex was prescribed. Flector had been prescribed previously. When seen, she was having muscle spasms and distal numbness and tingling. Physical examination findings included lumbar tenderness with muscle spasms. There was decreased lower extremity strength and sensation and decreased left patellar reflex. No knee examination was recorded. Dendracin was requested. Although there is reference to gastrointestinal side effects and a failure of oral medications, Celebrex, Lyrica, and Norco were continued. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine, which, can be recommended for localized peripheral pain. In this case, the claimant has not failed a trial of topical lidocaine or of over the counter medications such as Ben-Gay or Icy Hot. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Oral NSAID and other oral medications continue to be prescribed. Prior topical treatment with Flector appears to have been ineffective. This medication is not medically necessary.