

Case Number:	CM15-0183176		
Date Assigned:	09/24/2015	Date of Injury:	01/29/2004
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 01-29-2004. He has reported injury to the low back and bilateral knees. The diagnoses have included left knee pain; left knee arthrofibrosis; status post left total knee replacement, on 02-10-2014; status post manipulation under anesthesia, on 08-04-2014; right knee status post arthroscopy on 02-04-2012, with post-operative residuals; and lumbar spine musculoligamentous sprain-strain. Treatments have included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercises, and surgical intervention. Medications have included Flector Patch, Mobic, Norco, Fexmid, Voltaren Gel, and Prilosec. A progress report from the treating physician, dated 08-25-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain radiating to the left lower extremity with numbness and tingling; the pain is rated at 7 out of 10 in intensity; the pain increases with bending, stooping, lifting, and carrying; the pain is decreased with rest, medications, home exercise program, and electrical muscle stimulation unit; left knee pain; this pain is constant and rated at 6 out of 10 in intensity; the pain increases with kneeling, bending, and squatting; the pain decreased with rest, home exercise program, medications, and electrical muscle stimulation unit; and the pain level is reduced to 3 out of 10 with medications. Objective findings included tenderness to palpation of the lumbar spine with spasm and muscle guarding over the paravertebral musculature and lumbosacral junction; straight leg raising test is positive for radicular symptoms to the left lower extremity over an L5-S1 nerve root distribution; range of motion is decreased with increased pain in all planes; sensation is decreased in the left lower

extremity over the L5-S1 distribution; left knee exam reveals post-operative changes and well-healed surgical scars; tenderness to palpation over the patellofemoral joint, medial and lateral joint lines, and patellar tendon; flexion and extension are decreased; grade 4 out of 5 muscle weakness in all planes; and he ambulates with a limp favoring the left lower extremity. The treatment plan has included the request for Dendracin topical lotion. The original utilization review, dated 09-09-2015, non-certified the request for Dendracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Topical Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Physician Desk Reference under Dendracin.

Decision rationale: Key points are as follows. The claimant was injured in 2004 with left knee pain; left knee arthrofibrosis; status post left total knee replacement, on 02-10-2014; status post manipulation under anesthesia, on 08-04-2014; right knee status post arthroscopy on 02-04-2012, with post-operative residuals; and lumbar spine musculoligamentous sprain-strain. There is low back pain radiating to the left lower extremity with numbness and tingling. Dendracin is a compounded topical analgesic, which contains Methyl Salicylate 30 percent, Capsaicin 0.0375 percent, Menthol USP 10 percent and other proprietary ingredients. Chronic Pain Medical Treatment Guidelines note that topical analgesics are recommended as an option in certain circumstances. 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without evidence-based guideline to support the formulation of capsaicin in the compounded Dendracin cream as well as no evidence of failure of first-line treatment, medical necessity is not established. This request is not medically necessary.