

<b>Case Number:</b>	CM15-0186545		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: North Carolina, Georgia  
 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 65 year old male, who sustained an industrial injury on 07-27-2008. The injured worker is currently not employed. Medical records indicated that the injured worker is undergoing treatment for reflex sympathetic dystrophy of lower limb, tenosynovitis distal posterior tendon and Achilles tendon, thickening and scarring of anterior talofibular ligament, effusion of left ankle and subtalar joint, and bilateral Achilles tendinitis. Treatment and diagnostics to date has included physical therapy, right ankle brace, and medications. Current medications include Tylenol Extra Strength, Lyrica, Cymbalta, Tizanidine, Lidoderm patch, Zeasorb AF powder, Dendracin #3 cream (since at least 01-06-2015), Cozaar, Hydrochlorothiazide, Atenolol, Actos, Metformin, Glyburide, Omeprazole, Lipitor, and Celebrex. After review of progress notes dated 06-24-2015 and 08-24-2015, the injured worker reported bilateral foot pain. Objective findings included antalgic gait with use of cane and bilateral feet guarded with wraps. The Utilization Review with a decision date of 09-01-2015 non-certified the request for Dendracin Topical #3 as directed (three times a day as needed) for 60 days, Quantity: 2, Refills: 0 for the diagnosis of reflex sympathetic dystrophy of the lower limb as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin topical #3, 3 times a day as needed for 60 days, Qty. 2 with 0 refills for the diagnosis of reflex sympathetic dystrophy of the lower limb: 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 rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Dendracin topical contains methyl salicylate, menthol and capsaicin. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. As such, Dendracin topical is not medically necessary and the original UR decision is upheld.