

<b>Case Number:</b>	CM15-0186624		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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. Medical records indicated that the injured worker is undergoing treatment for reflex sympathetic dystrophy of lower limb. Treatment and diagnostics to date has included physical therapy, use of an ankle brace, and medications. Current medications include Tylenol, Lyrica, Cymbalta, Tizanidine, Lidoderm patches, Zeasorb powder, Dendracin cream, Cozaar, Hydrochlorothiazide, Atenolol, Actos, Metformin, Glyburide, Omeprazole, and Lipitor. After review of progress notes dated 04-29-2015 and 06-24-2015, the injured worker reported bilateral foot pain. Objective findings included an antalgic gait with use of a cane. The request for authorization dated 06-25-2015 requested Dendracin cream #3, as directed, three times a day as needed, 60 days, 2, refills: 0. The Utilization Review with a decision date of 08-31-2015 non-certified the request for Dendracin cream #3, as directed, 3 times a day as needed, days of supply: 60, Quantity: 2, Refill: 0, as an outpatient for management of symptoms related to reflex sympathetic dystrophy of bilateral lower limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin cream #3, quantity: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 8/24/15 progress report provided by the treating physician, this patient presents with bilateral foot pain with persistent pain/hypersensitivity along right foot. The treater has asked for Dendracin cream #3, quantity 2 on 8/24/15. The request for authorization was not included in provided reports. The patient also has left wrist pain, and has had some physical therapy with no lasting relief per 8/24/15 report. The patient is s/p fungal infection after his cast was placed following the injury per 6/24/15 report. The patient does not have a significant surgical history related to his bilateral feet per review of reports. The patient's work status is not included in the provided documentation. MTUS Guidelines, Topical analgesics section, page 111: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Guidelines, Topical Capsaicin section, page 29, "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: 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. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The treater has not specifically addressed this request. Review of the medical records show patient has had prior use of Dendracin cream, as early as 2/3/15 report. In this case, the patient has persistent pain in bilateral feet and tendinitis in the left wrist for which a topical NSAID may be indicated. However, a 0.0375% formulation of capsaicin is not supported by MTUS for topical use in ointment form. MTUS page 111 states that if one of the compounded topical products is not indicated, then the entire product is also not indicated. Therefore, the request IS NOT medically necessary.