

Case Number:	CM15-0210948		
Date Assigned:	10/29/2015	Date of Injury:	05/22/2014
Decision Date:	12/17/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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, New York, 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 applicant is 55-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 27, 2014. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for topical Dendracin. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 17, 2015, Naprosyn, topical Dendracin, and acupuncture were sought. A subsequent note dated August 21, 2015 was likewise notable for commentary to the effect that the applicant was using both oral Naprosyn and topical Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Neurodendraxcin lotion 0.025%, 10%, 30%: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation National Library of Medicine (NLM) DailyMed

- DENDRACIN NEURODENDRAXCIN- methyl

...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209...FDA Guidances & Info; NLM SPL Resources. Download Data - All Drug ... Methyl Salicylate 30% Capsaicin 0.0375% Menthol USP 10%.

Decision rationale: No, the request for topical Dendracin was not medically necessary, medically appropriate, or indicated here. Dendracin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the Dendracin compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers a first-line oral pharmaceutical in the form of oral Naprosyn, however, effectively obviated the need for the capsaicin-containing Dendracin compound at issue. Therefore, the request was not medically necessary.