

<b>Case Number:</b>	CM15-0046607		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California

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 60 year old female, who sustained an industrial injury on 1/23/2013. She reported a fall, landing on her right foot and left knee. The injured worker was diagnosed as having pain in joint, lower leg, and left knee sprain. Treatment to date has included conservative measures, including diagnostics and medications. Currently, the injured worker complains of left knee and right ankle pain, rated 7/10. She reported occasional swelling, buckling, and catching of the knee. Her pain was reported as intermittent, brought on by walking for prolonged lengths of time. Sitting with lower extremities elevated helped her pain. She was taking medications for diabetes, along with Nucynta, Cymbalta, Diclofenac, and Dendracin ointment. She worked part time and did a home exercise program. Exam of the knee noted about 120 degrees of flexion and mild swelling about the medial joint line. An exam of the right ankle was not noted. The impression noted left knee osteoarthritis and right knee pain. Magnetic resonance imaging of the left knee was pending and Hyalgan injection to the left knee was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin ointment 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Dendracin contains: Methyl Salicylate 30%, Capsaicin 0.0375%. According to the guidelines: Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. In this case, the Capsaicin quantity in Dendracin exceeds the amount recommended by the guidelines. Any compounded that is not recommended is not recommended for the entire topical formulation. Dendracin is not medically necessary.