

Case Number:	CM15-0048101		
Date Assigned:	03/20/2015	Date of Injury:	04/16/2013
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 70 year old male sustained an industrial injury to the right shoulder, elbow, knee and ankle on 4/16/13. Previous treatment included magnetic resonance imaging, right rotator cuff repair, insoles, physical therapy, injections, psychiatric care and medications. In a PR-2 dated 2/9/15, the injured worker complained of ongoing pain to the right shoulder, right elbow, right knee and right ankle. The injured worker reported finding it hard to function on a daily basis. The injured worker requested a cortisone injection for his elbow. Current diagnoses included shoulder pain, knee pain, forearm pain, joint pain/ankle and epicondylitis. The treatment plan included continuing medications (Norco, Omeprazole, Nizatidine and Fenoprofen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Topical Analgesic (methyl salicylate 30%, benzocaine 5%, menthol 10%, capsaicin 0.0375%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation

Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information; Benzocaine: Drug information.

Decision rationale: Dendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is a topical skin product that is available over the counter and used for the relief of dry itchy skin. Benzocaine is used as a topical anesthetic. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains drugs that are not recommended. Therefore, the medication is not medically necessary.