MAXIMUS Federal Services

Case Number:	CM15-0086028		
Date Assigned:	05/08/2015	Date of Injury:	12/08/2003
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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 69 year old male who sustained an industrial injury on 12/8/03. The injured worker was diagnosed as having right shoulder periscapular strain, compensatory left ankle peroneal tenosynovitis; status post left knee arthroscopy with partial medial meniscectomy and lateral meniscectomy, status post right knee arthroscopy with partial medial meniscectomy, lateral meniscectomy, chondroplasty and synovectomy. Currently, the injured worker was with complaints of discomfort in the right shoulder and back. Previous treatments included bilateral knee surgeries, medication management, and activity modification. Physical examination was notable for tenderness to palpation of the right shoulder, decreased range of motion noted to the lumbar spine as well as tenderness to palpation. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Dendracin topical lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 112-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Dendracin's ingredients are methyl salicylate, benzocaine, menthol, capsaicin, dimethyl sulfoxide, aloe vera gel, zingiber extract, borage oil, boswellia serrata, soyalecithin, PEG 100, stearic acid, propylene glycol, cetyl alcohol & Poloxamer 407) is a non-prescription strength topical analgesic with no proven greater efficacy than any other over-the-counter pain cream. Guidelines specifically noted that Boswellia Serrata Resin (Frankincense) is not recommended for chronic pain and as criteria note that any compounded product that contains at least one drug (or drug class) that is not recommended, is therefore, not recommended. Boswellia serrata is not recommended and is also a component of Dendracin, thereby, the request for Dendracin Cream has not been established. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The One prescription of Dendracin topical lotion 120ml is not medically necessary and appropriate.