

<b>Case Number:</b>	CM14-0141111		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee arthroscopy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 27, 2014, the claims administrator retrospectively denied a request for topical Dendracin lotion. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2013, the applicant was described as using oral Naprosyn and Topamax. Authorization was sought for a knee arthroscopy. The applicant underwent the knee arthroscopy in question on October 2, 2013. On October 29, 2013, the applicant was given a prescription for Vicodin for postoperative knee pain. Dendracin was apparently dispensed on November 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Dendracin lotion (twice a day as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request is for Dendracin, a topical compounded medication. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Dendracin are "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Topamax, Vicodin, etc., effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary.