

Case Number:	CM14-0163805		
Date Assigned:	10/08/2014	Date of Injury:	05/08/2008
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice 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 injured worker is a 51-year-old man diagnosed as having thoracic disc; diseases; shoulder sprain/strain; lateral epicondylitis; tenosynovitis of the wrist. The mechanism of injury was not documented in the medical record and the date of injury was May 8, 2008. The provider submitted a request for Dendracin (methyl salicylate, menthol, and capsaicin) topical solution as treatment for the claimant's pain symptoms following an evaluation on September 9, 2014. This evaluation took place more than six years after the original injury date. The patient is presently being treated with Ultram ER and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120mls: Upheld

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

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

Decision rationale: Dendracin Neurodendraxion Topical pain Relief Lotion is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There is little to no research to support the use of many of these agents. The

formulation of Dendracin topical contains methyl salicylate 30%/Capsaisin 0.0375%; and menthol USP 10%. Pursuant to the California MTUS guidelines, Capsaisin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaisin is generally available as a 0.025% formulation for osteoarthritis and a 0.075% formulation for post herpetic neuralgia and diabetic neuropathy. There have been no studies for Capsaisin 0.0375% formulation and there is no current indication for this increase over 0.025%. Nor is there any evidence of increased efficacy at 0.0375%. The concentration of Capsaisin in the requested formulation is a compounded topical lotion that contains Capsaisin in a concentration above the recommendation as noted in the California Medical Treatment Utilization Schedule. Additionally, the guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the drug formulation containing Capsaisin 0.0375% is not recommended. Dendracin Neurodendraxion Topical pain Relief Lotion is not consistent with recommendations pursuant to the CA MTUS. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, Dendracin Neurodendraxion Topical pain Relief is not medically necessary.