

<b>Case Number:</b>	CM14-0198579		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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. 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: 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 6/15/2011. The current diagnoses are status post right knee surgery X 2, right knee sprain, oblique tear of the posterior horn of the medial meniscus, right knee, sprain of the anterior cruciate ligament, lumbar strain, lumbar radiculitis, gastritis, and depression. According to the progress report dated 11/12/2014, the injured worker complains of extreme aggravation of pain in her right knee and low back. Treatment to date has included medication management, physical therapy, and surgical intervention. The plan of care includes prescription for Dendracin Lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion 120 ML Qty 1:** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-112 of 127.

**Decision rationale:** The MTUS guidelines do advise treatment with topical analgesic therapy in certain cases. Dendracin lotion is a combination pain medication with non-steroidal anti-inflammatory and anesthetic properties. The efficacy seen in clinical trials is inconsistent and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) Its use is indicated for osteoarthritis for 4-12 weeks maximum. The patient in question has already been treated with NSAID topical therapy for greater than this period of time, as the injury dates back to 6/2011. As such, further use would not be supported by the guidelines.