

Case Number:	CM14-0216439		
Date Assigned:	01/06/2015	Date of Injury:	06/05/2002
Decision Date:	02/28/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male who suffered a work related injury on 06/05/02 when his supervisor jumped onto his back resulting in the injured worker crushing his left ankle and falling on the ground. He was diagnosed with a broken ankle on the day after the injury. Per the physician notes from 12/08/14 he complains of numbness and pain in the ankle. He has received x-rays, physical therapy, heating pad, ice, exercise, surgery, and medications. He had plates and pins inserted in the ankle and removed. His pain was rated at 6/10. He was to continue the medication regimen consisting of Naproxen, Dendracin, and Aspirin. The Dendracin was denied by the Claims Administrator on 12/22/14 and was subsequently appealed for Independent Medical Review. There is a 1/9/15 document where the patient continues to complain of pain interfering with his ability to walk, run, do daily chores. The document states Dendracin as one of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin with 5 refills (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); National Guidelines Clearinghouse

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

Decision rationale: Dendracin with 5 refills (dosage unknown) is not medically necessary per the MTUS Guidelines. Dendracin contains: Active ingredients. Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%. Per MTUS guidelines, "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. ." Additionally, the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.". Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Capsaicin topical 0.375% is not recommended. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation does not indicate that the patient is intolerant to oral medications. The document does not contain evidence of significant functional improvement on Dendracin. The request does not indicate a dosage. For these reasons the request for Dendracin is not medically necessary.