

Case Number:	CM15-0010245		
Date Assigned:	01/27/2015	Date of Injury:	06/05/2002
Decision Date:	03/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 60 year old male with an industrial injury dated June 5, 2002. The injured worker's diagnoses include joint pain in the ankle and pain in the limb. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 12/8/14, physical exam revealed limited, decrease range of motion in the ankle and tenderness to palpitation of the left lateral malleolus. The treating physician prescribed Dendracin cream # 3 between 1/9/2015 and 3/13/2105. Utilization Review (UR) determination on January 15, 2015 denied the request for Dendracin cream # 3 between 1/9/2015 and 3/13/2105, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream # 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section, page(s) 126. Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin. Furthermore, It is not clear from the records that the patient failed oral first line therapies such as anticonvulsivant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin cream # 3 is not medically necessary.