

<b>Case Number:</b>	CM15-0112506		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 9/19/2014. He reported opening a large steel half-lid with a cable, when it broke, and struck his right boot. The injured worker was diagnosed as having right calcaneal contusion with a history of Achilles tendon tear and thoracic/lumbar sprain/strain secondary to altered gait. Treatment to date has included diagnostics, casting for heel fracture, acupuncture, home exercise program, and medications. Several documents within the submitted medical records were difficult to decipher. Currently (5/11/2015), the injured worker complains of flare up of right heel pain. Pain was rated 6-7/10. Previous exams (3/27/2015) noted pain level at 3-4/10 and 7-8/10 (2/19/2015). Physical exam noted tenderness to palpation of the calcaneus. He also reported thoracolumbar muscle spasms that caused bilateral lower extremity numbness and tingling while sitting. His work status remained total temporary disability. Current medication regime was not described. Gastrointestinal symptoms included heartburn. The treatment plan included medications, including Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** The patient presents with right heel pain rated 6-7/10. The request is for DENDRACIN LOTION. The request for authorization is dated 05/11/15. X-ray of the right calcaneus, 09/29/14, shows normal right calcaneus. MRI of the right lower extremity joint, 10/09/14, shows marrow edema involving the calcaneal tuberosity compatible with bone contusion in the setting of recent injury; no fracture; adjacent very low-grade interstitial partial-thickness tearing of the Achilles tendon lateral fibers at the calcaneal insertion, and evidence of mild Achilles paratenonitis posteriorly. CT of the right foot, 11/03/14, shows no definite fractures or dislocations are identified. Physical examination of the right heel reveals tenderness to palpation of the calcaneus. Patient to complete remaining acupuncture treatments and continue home exercise program. Per progress report dated 06/23/15, the patient is temporarily totally disabled. Dendracin lotion is a compound topical cream that includes menthol methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." A record of pain and function with the medication should be recorded." Treater does not specifically discuss this medication. In this case, it appears this is the initial trial prescription of Dendracin. Since this is the initial trial, treater has not been able to document the efficacy of this medication. MTUS guidelines recommend the use of topical cream for peripheral joint pain. Therefore, the request IS medically necessary.