

Case Number:	CM15-0070910		
Date Assigned:	04/20/2015	Date of Injury:	07/27/2008
Decision Date:	05/29/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 7/27/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb. Treatment to date has included conservative measures, including medications. The most recent progress report (8/27/2014), noted complaints of bilateral foot pain, unchanged from previous visit. His pain was not rated. Current medications included Tylenol, Lyrica, Cymbalta, Tizanidine, Lidoderm, Dendracin. The use of Dendracin cream was noted in the progress report dated 3/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dendracin Cream (unspecified dosage) Qty 3: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 7/27/2008. The medical records provided indicate the diagnosis of reflex sympathetic dystrophy of the lower limb. Treatments have included medications. The medical records provided for review do not indicate a medical necessity for 1 Dendracin Cream (unspecified dosage) Qty 3. Dendracin is a topical analgesic containing Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%. Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested topical analgesic is not medically necessary because it contains menthol, and Capsaicin 0.0375%.