

<b>Case Number:</b>	CM13-0001828		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained a work-related injury on 1/10/02. There is no specific mechanism of injury provided. The patient has a history of lumbar inter body fusion at L5-S1 (3/4/03) requiring reoperation (3/19/03) for wound infection. Another reoperation was done on 6/24/03 for lumbar neuropraxia. The patient has a history of large C5-6 disc herniation, right more than left side post C5-6 and C6-7 disc fusion, and anterior discectomy and insertion of anterior cervical cage in June 2009. The current diagnosis is discogenic cervical condition status post fusion from C5 and C7 with disc bulging at C4-5, lumbar radiculopathy post fusion, and depression. The patient complains of neck pain and low back pain. There is worsening loss of sensation to the 3rd, 4th and 5th digits of the right hand, and the 4th and 5th digits of the left hand. The patient also complains of decreased fine touch and motor skills. Low back and neck pain is stable at 7-9/10; it improves to 4-6/10 with medications. The patient also reports some improvement in daily function with medications. Pain worsens with prolonged walking or standing. Objective exam reveals pain with cervical neck range of motion, and decreased range of motion in both wrists. There was a positive hyper flexion test at the left ulna distribution, and positive Tinel's sign at the left wrist. The patient had normal reflexes and a negative Hoffmann's sign. Lumbar flexion is limited with mild diffuse pain with no spasms. The patient has undergone paravertebral nerve blocks and is undergoing H-wave therapy. There are reports of multiple x-rays and MRIs being done, but there were no reports provided. The primary treating physician notes a CT of the cervical spine on 12/11/13 was benign, with post-cervical fusion changes with multiple levels of foramina stenosis and degenerative changes similar to the prior MRI. There was not an updated medication list provided; the last list provided was from 2010, and included Neurontin, Norco, Tramadol, Effexor and Trazodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 PRESCRIPTION OF DENDRACIN LOTION 120ML BETWEEN 7/2/2013 AND 9/6/2013: 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:** Dendracin is a topical medication containing several compounded medications. It contains methyl-salicylate, capsaicin and menthol. As per the MTUS guidelines, any compounded product that contains a drug or drug class that is not recommended is not recommended as a whole. Methyl-Salicylate is shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. The patient has spinal neck and low back pain and therefore does not meet indications for use. There is no documentation to support where this topical compound is to be used therefore it is not recommended. Capsaicin is effective for muscular skeletal pain and may be considered if conventional therapy is ineffective. The patient still has some pain at baseline, but appears to respond to/is well controlled with oral medications. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. There is no information about menthol in the MTUS. Since Methyl-Salicylate and Capsaicin, the two main active ingredients in the medication, are not recommended, Dendracin is not medically recommended. The request is noncertified.