

<b>Case Number:</b>	CM13-0013096		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Michigan, Nebraska and Texas. 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 physician 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:

The patient is a 60-year-old male who reported a work related injury on 07/19/1996, specific mechanism of injury not stated. The clinical notes evidence the patient presents for treatment of low back pain. The clinical note dated 07/12/2013 reports the patient was seen for follow-up of treatment under the care of [REDACTED]. The provider documents the patient continues to present with low back pain rated at a 7/10. The provider documents radiation of pain to the left lower extremity with associated numbness and tingling. The provider documents the patient has low back pain with referred pain into the left lower extremity status post a laminectomy performed in 2004 and epidural injection in 2011, as well as myofascial pain with trigger points to the low back. The provider documents upon physical exam of the patient, the patient is not in acute distress and the patient has tenderness in the low back upon palpation. The provider documented the patient was administered prescriptions for Vicodin 7.5/700, Neurontin 600 mg, naproxen 550 mg, Prilosec 20 mg, and Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 123, 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical notes document the patient continues to present with moderate complaints of pain to the lumbar spine with radiation of pain to the left lower extremity. The requesting provider failed to document the patient's reports of efficacy with his current medication regimen. The clinical notes failed to document the patient's reports of efficacy as far as decrease in rate of pain on a VAS scale and increase in objective functionality directly as a result of utilizing Dendracin lotion. Furthermore, California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given all of the above, the request for Dendracin lotion is neither medically necessary nor appropriate.