

<b>Case Number:</b>	CM13-0013811		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/09/2013
<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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

This patient is a 59-year-old male who reported an injury on 08/10/2011. The patient is currently requested to receive Dendracin lotion 120 mL with 2 refills. The documentation submitted for review indicates that the patient has symptomatology regarding the low back. The patient has a working diagnosis of lumbar radiculopathy with the right side at the level of S1 being confirmed by EMG. The patient also has a right-sided posterolateral disc herniation at the L5-S1 level. Recent physical evaluation of the patient indicated a marked worsening and numbness down the entire posterior aspect of the thigh and calf and into the foot. The patient also described a sharp, intense pain to the right lumbar spine, verbalized as an 8/10, with indication that it can go as high as 9/10 to 10/10. Exacerbation of the patient's pain is primarily during and after work, and the patient indicates that the medications previously prescribed to the patient were not authorized; and therefore, the patient went without the prescribed medications. The notes indicate that the patient has independently used Salonpas patches as well as Advil 600 mg. On physical examination, the patient's range of motion was noted to be extremely guarded with limitation of approximately 50% in all planes. A positive straight leg raise was noted in the right lower extremity in both the seated and supine positions. There was some noted weakness in the right dorsiflexors, plantar flexors and peroneals at 4/5. Reflexes were maintained at 2+ and symmetric in the bilateral quadriceps and Achilles, and the patient had a general decrease in sensation along the L5 and S1 dermatomes. The treatment plan notes indicated the recommendation for the patient to receive Dendracin cream 1 tube plus 2 refills as part of the medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion 120ml, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate Topicals Page(s): 105, 111-113. Decision based on Non-MTUS Citation DENDRACIN NEURODENDRAXCIN (methyl salicylate ... - DailyMed [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209...](https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209...))

**Decision rationale:** The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The CA MTUS states that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The CA MTUS states that salicylate topicals are recommended as significantly better than placebo in chronic pain. While the documentation submitted for review indicates that the patient has low back pain verbalized as an 8/10 to the right lumbar spine with noted weakness of the right dorsiflexors and plantar flexors as well as the peroneals with a general decrease in the L5 and S1 dermatomes, there remains a lack of support per the guidelines for treatment with Dendracin lotion given that the formulation of capsaicin in Dendracin lotion is provided at a 0.0375% formulation. The guidelines would support the recommendation for a salicylate topical; however, there is a lack of current evidence that a 0.0375% formulation of capsaicin would provide any significant efficacy over a 0.025% formulation. Additionally, there is a lack of documentation submitted for review indicating the prior demonstrated efficacy of Dendracin lotion at reducing the patient's pain. Given the above, the request for an outpatient pharmacy purchase of Dendracin lotion 120 mL with 2 refills is not medically necessary or appropriate.