

<b>Case Number:</b>	CM13-0014576		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Occupational 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 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 40-year-old male with a work-related injury on 10/13/10 to his low back, wrist and elbow. The patient received treatments in the form of PT, Acupuncture, exercise therapy, injections, meds, IF and neuromuscular electrical stimulator. His treating physician's PR2 dated 6/27/13 reveals patient was complaining of on/off flare-ups in his back and right hand with ADL's. He was last seen on 1/9/12 when he was MMI. The patient was noted to have been using heat, NMES and Dendracin ointment that give him relief. The patient had stiffness and cramping in his back on 6/12/13 while walking that prompted him to seek an evaluation. Exam findings revealed tenderness and muscle guarding of the lumbar paraspinal muscles left worse than right side, tenderness over the left SI joint and sciatic notch, (+)SLR with back pain only, decreased lumbar ranges of motions and normal muscle strength. He was diagnosed with lumbosacral sprain/strain; status post healed right fifth metacarpal fracture and bilateral elbow, forearm, wrist tendonitis, bilateral lateral epicondylitis and CTS. The patient was recommended for Acupuncture treatment to the lumbar spine 2x3 and Dendracin ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin ointment to lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS discusses capsaicin in its topical analgesic section. It states this medication should not be used in Concentration greater than 0.025%. This medication exceeds the concentration in the guidelines and is therefore not medically appropriate. In addition, as noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.