

<b>Case Number:</b>	CM13-0019293		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 and 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:

The patient is a 56-year-old female who reported an injury on 12/07/2007. The mechanism of injury was not provided for review. The patient developed chronic neck pain. Previous treatments included chiropractic care, physical therapy, medications, epidural steroid injections, a TENS unit and hot and cold therapy. The patient underwent an electrodiagnostic study that did not reveal any significant abnormalities. The patient underwent a cervical MRI that revealed multilevel disc bulges. The patient's most recent clinical findings included tenderness to palpation over the cervical paraspinal musculature with chronic pain referred to the upper extremities. The patient's medications included Norco 10 mg, Percocet 10 mg, Lyrica 75 mg, Flexeril, Prilosec and Dendracin lotion. The patient's diagnoses included chronic neck pain. The treatment plan included the continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin:** Upheld

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

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

**Decision rationale:** The requested Dendracin cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule states that topical analgesics are "largely experimental in use, with few randomized controlled trials to determine efficacy or safety." The clinical documentation submitted for review does provide evidence that the patient is taking his medication to allow for daytime functionality. However, the clinical documentation submitted for review does not provide any quantitative evaluation or specific evidence to support the continued use of this medication outside of guideline recommendations. As such, the requested Dendracin cream is not medically necessary or appropriate.