

<b>Case Number:</b>	CM13-0019585		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	08/22/2013
<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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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:

This is a 60-year-old who reported an injury on 04/01/2003 and the mechanism of injury was result of cumulative trauma. The request is for a prescription of Dendracin topical lotion 120 mL. Medication listed was use of Flexeril 10 mg. The patient has completed 6 visits of acupuncture with benefit. On physical exam, flexion was 42 degrees, extension 40 degrees, right rotation 60 degrees, left rotation 60 degrees, right lateral flexion 35 degrees, left lateral flexion 35 degrees. Tenderness to palpation was present over the paravertebral musculature left side greater than right the thoracic spine. The diagnoses are cervical musculoligamentous sprain/strain with myofascial pain syndrome with evidence of a 2 mm disc osteophyte with evidence of stenosis at C5-6; thoracic musculoligamentous sprain/strain and periscapular sprain/strain with myofascial pain syndrome, bilateral wrist flexor and extensor tendinitis, right side greater than left side and status post right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Topical Lotion, 120 ml:** 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.

**Decision rationale:** Dendracin includes methyl salicylate, benzocaine and menthol. The Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Chronic Pain Medical Treatment Guidelines state Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Given the requested medication includes a formulation of Lidocaine that is not approved by the FDA for topical application and given the Chronic Pain Medical Treatment Guidelines do not recommend a compound product if it contains at least one drug or drug class that is not recommended. The documentation also failed to detail objective functional improvement as a result of this medication. The request for Dendracin Topical Lotion, 120 ml, is not medically necessary or appropriate.