

<b>Case Number:</b>	CM13-0021774		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	07/26/2009
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 expert 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:

According to the records made available for review, this is a 55 year old female with a 7/26/09 date of injury. At the time (8/15/13) of request for authorization for Dendracin Topical Analgesic Lotion (4 fl oz) 120ml dispensed 8/15/2013 #1, there is documentation of subjective (pain in the neck and left shoulder with radiation to the left arm associated with tingling and numbness) and objective (restricted cervical range of motion, tenderness to palpation over the left superior trapezius, restricted range of motion in the left shoulder, positive Hawkins test, and tenderness to palpation over the lateral epicondyle) findings, current diagnoses (disorders of the bursae and tendons in shoulder region and cervicalgia), and treatment to date (physical therapy, steroid injection, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DENDRACIN TOPICAL ANALGESIC LOTION (4 FL OZ) 120ML DISPENSED 8/15/2013 #1: 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 SECTION ON TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The MTUS Chronic Pain Guidelines indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen, and gabapentin are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective Dendracin is not medically necessary and appropriate.