

<b>Case Number:</b>	CM13-0029870		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 58-year-old female who reported injury on 10/21/2008. The mechanism of injury was stated to be the patient fell while walking. The patient was noted to be utilizing Terocin cream, Tramadol, Prilosec, and Elavil. The patient's pain was noted to be 6/10 to 9/10. The request was made for Dendracin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications prescribed Dendracin (duration and frequency unknown) dispensed on 4/2/13 for treatment of left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111.

**Decision rationale:** Per California MTUS, Topical Salicylates are recommended and topical analgesics are 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 clinical documentation submitted for review failed to indicate the patient had a trial of antidepressant and anticonvulsant that had

failed. Dendracin includes methyl salicylate, benzocaine and menthol per the online drug insert and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The patient was noted to be on Elavil and, as the patient was on the medication, there was a lack of documentation of failure of the medication. There was a lack of documentation indicating the rationale for Dendracin cream. Additionally per the submitted request, the request for Dendracin failed to include the duration, frequency and quantity. Given the above, the retrospective request for medications prescribed Dendracin (duration and frequency unknown) dispensed on 4/2/13 for treatment of left wrist is not medically necessary.