

<b>Case Number:</b>	CM13-0030712		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 and is licensed to practice in New York. 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 claimant is a 63 year old male who sustained an injury on 06/22/2011. The mechanism of injury was not provided. He has a diagnosis of chronic low back pain with radiation into both lower extremities with numbness in the right foot. On exam he has an antalgic gait, bilateral lumbar paraspinous tenderness, palpable muscle spasm bilaterally, straight leg positive on the right with hypoesthesia in the right L5 and S1 dermatomes. He has decreased lumbar range of motion. He is maintained on medical therapy including opiates, a TENS unit, and Dendracin lotion. The treating provider has requested continuation of Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion dispensed on 07/18/2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: There was no documentation provided necessitating use of the requested topical medication, Dendracin lotion. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when

trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case , Dendracin lotion is a medication that contains a compound of benzocaine, methyl salicylate and menthol. The benzocaine as well as the menthol is not recommended by the California MTUS. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.