

<b>Case Number:</b>	CM13-0032499		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Oklahoma and 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 55 year old male who reported injury on 06/20/2008. The mechanism of injury was not provided. The patient was noted to undergo a subacromial decompression and acromioplasty, resection of the coracoacromial ligament, and have an extensive subacromial and deltoid bursectomy, glenohumeral synovectomy, chondroplasty, debridement, distal clavicle resection, debridement of the labrum and labral fraying and a partial rotator cuff tear on 07/26/2013. The patient's diagnosis was noted to be pain in the joint. The request was made for Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion 120mL:** Upheld

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

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

**Decision rationale:** California MTUS guidelines do not specifically address Dendracin. However, per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple

backache, and strains. 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 provide a thorough objective examination. Additionally, there was a lack of documentation indicating the patient had neuropathic pain and indicating the patient had a trial of antidepressant and anticonvulsant that had failed. Given the above, the request for Dendracin lotion 120 mL is not medically necessary.