

<b>Case Number:</b>	CM13-0032764		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/22/1998
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/27/2013
<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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 45-year-old female with a date of injury of December 22, 1998. The patient carries diagnoses of fibromyalgia, chronic low back pain, discogenic low back pain, and mood disorder. Conservative treatments to date have consisted of pain medications, trigger point injections, epidural steroid injections, and physical therapy. The disputed issue is a request for Dendracin Lotion/Ointment. A utilization review determination on September 27, 2013 denied the request for this ointment. The stated reason was that topical salicylates which are a component of Dendracin Lotion are recommended for short-term use. The records indicate that the patient has been utilizing this lotion since at least 2010 and therefore the utilization reviewer felt that topical NSAIDs were not indicated for this time course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methyl Salicylate, Topical Analgesics Page(s): 105, 111-112.

**Decision rationale:** Dendracin is a compounded preparation of methyl salicylate, benzocaine, and menthol. The Chronic Pain Medical Treatment Medical Guidelines on page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, each active ingredient should be analyzed in making a determination of medical necessity. The guidelines state, in regards to topical salicylates, that it is significantly better than placebo in chronic pain. However, further specification on methyl salicylate which metabolizes in the body to salicylic acid (an NSAID), can be found on page 112 of the Chronic Pain Medical Treatment Medical Guidelines. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The California Medical Treatment and Utilization Schedule clearly suggest only up to 12 weeks of usage of topical NSAIDs. The submitted documentation do indicate that this topical medication has been used in the long-term. Given this long-term usage, this request is recommended for noncertification.