

<b>Case Number:</b>	CM13-0048672		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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:

The patient is an employee of [REDACTED] who has filed a claim for back, right shoulder and neck pain associated with an industrial injury date of 4/24/2009. Treatment to date has included cervical epidural injection at right C7-T1 on 2012, physical therapy, and medications such as Naproxen Sodium 550mg, Dendracin Cream 30 mL, Protonix 20mg #30, EffexorXR 37.5mg #30, Omeprazole 20mg (Prilosec) tablet, Topiramate 50mg, Fluoxetine 20 mg, Restone tablet 3mg/100mg, Eszopiclone tablet 2mg, Norco 10/325mg, and Zoloft 100mg which were prescribed since 2013. Medical records from 2010-2013 were reviewed which revealed continuous low back pain which radiates to the buttocks bilaterally or distally through the entire lower extremity. It is worst when she first gets up in the morning and is severe at the time that she will stand up straight immediately after getting out of bed. She finds it difficult to put on her clothes and to reach behind her back. There's continuous right upper extremity pain, increases with work or with prolonged stance in any position. Driving produces numbness and tingling in the arm. She feels depressed and feels desperate that she is not recovering quickly. Her sleep is also affected. Physical examination showed full range of motion in the cervical spine; back has limited range of motion in the lumbar spine to 50% with complaints of pain at extremes of motion. Straight leg raising test is positive bilaterally at 30 degrees. Upper extremities showed limited range of motion with 135 degrees of extension and abduction. Other joints of the upper extremities have a full range of motion. Finkelstein's test is negative bilaterally at the wrists. MRI of right shoulder without contrast, dated 02/16/2011, revealed arthritic changes, fluid in the subdeltoid bursa and partial-thickness tear of undersurface of distal infraspinatus tendon. MRI of the lumbosacral spine on unspecified date revealed normal results. MRI of the cervical spine, dated 02/15/2011, showed disc protrusion at C5-6. Utilization review

from 10/09/13 denied the request of Dendracin Cream 30 ml because available reports provided no medical basis for the treatment requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DENDRACIN CREAM 30 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER; SALICYLATE TOPICALS.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin Cream contains three active ingredients which include: Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol 10%. Regarding Capsaicin in a 0.0375% formulation, CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol may in rare instances cause serious burn. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this, case, the patient has been prescribed Dendracin cream since 2013. Dendracin cream contains ingredients that are not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Dendracin cream 30mL is not medically necessary.