

<b>Case Number:</b>	CM13-0049584		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of February 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; prior ganglionectomy surgery; and topical compounds. In a Utilization Review Report of November 1, 2013, the claims administrator denied a request for topical Dendracin lotion. It was incidentally noted that the applicant was using oral Norco and Motrin. A clinical progress note of October 9, 2013 is notable for comments that the applicant reports chronic bilateral arm pain with burning pain about the wrist and hand. The applicant is off of work as his employer is unable to accommodate his work restrictions. The applicant is having sleep disturbance secondary to pain. The applicant was given prescriptions for Naprosyn, Tramadol, and Ambien. A rather proscriptive 5-pound lifting limitation was endorsed. On November 14, 2013, the attending provider wrote that ongoing usage of Dendracin has been helpful for the applicant. The attending provider writes that the applicant has been using Dendracin for the past two years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN (RETROSPECTIVE) FOR THE RIGHT HAND, WRIST, SHOULDER, AND CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Dendracin, as a class have been deemed largely "experimental." In this case, the applicant's usage of several oral pharmaceuticals, including Motrin and Norco seemingly obviates the need for the topical compound in question. It is further noted that the applicant appears to have used this agent chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work. A rather proscriptive 5-pound lifting limitation is in place. The applicant remains markedly symptomatic insofar as the injured hand and wrist are concerned. Continued usage of Dendracin is not indicated in the context present here. Therefore, the request is not medically necessary, on Independent Medical Review.