

<b>Case Number:</b>	CM13-0051475		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and Pain Management and is licensed to practice in Florida. 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 a 38 year-old female who reported an injury on 05/23/2012. The mechanism of injury was noted to be cumulative trauma. She is diagnosed with right carpal tunnel syndrome. Her previous treatments were noted to include physical therapy. Her symptoms were shown to include right upper extremity pain, numbness, and tingling. It was noted that her pain was worse during the night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN OINTMENT AS NEEDED X4 (METHYL SALICYLATE 30%; CAPSAICIN 0.0375%; MENTHOL USP 10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, TOPICAL ANALGESIC. Page(s): 105, 111.

**Decision rationale:** The clinical information submitted for review indicated that the patient has neuropathic pain in her right wrist. However, details were not provided regarding the failure of antidepressants and anticonvulsants prior to her use of topical analgesics. In addition, as the requested compound contains capsaicin 0.0375%, which is not recommended by the California

MTUS Guidelines, the topical compound is also not supported. As such, the request for Dendracin Ointment as needed x 4 (Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%) is non-certified.

**TEROCIN LOTION X1 (METHYL SALICYLATE 25%; CAPSAICIN 0.025%; MENTHOL 10%; LIDOCAINE 2.50%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, TOPICAL ANALGESIC. Page(s): 105, 111.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It further states that they are primarily recommended in the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. For compounded products, the Guidelines state that if a compounded product contains at least 1 drug that is not recommended, it is not recommended. Dendracin ointment is noted to include methyl salicylate, which is stated by the Guidelines to be recommended as it has been shown to be better than placebo in the treatment of chronic pain. The clinical information submitted for review indicated that the patient has neuropathic pain in her right wrist. However, details were not provided regarding the failure of antidepressants and anticonvulsants prior to her use of topical analgesics. In regard to topical lidocaine, the California MTUS Guidelines state that use of topical lidocaine is only recommended in the formulation of the Lidoderm patch and no other formulation whether in the form of lotions, creams, or ointments are recommended at this time. Therefore, as the requested topical compound is noted to include capsaicin and lidocaine, which are not recommended by the MTUS Guidelines, the topical compound is also not recommended. As such, the request for Terocin Lotion x 1 (Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; Lidocaine 2.50%) is non-certified.