

<b>Case Number:</b>	CM13-0055536		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation 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 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 48-year-old male with an original date of injury of July 17, 2009. The original mechanism of injury was a motor vehicle accident in which he was rear-ended and sustained a hip fracture. The patient also has a history of lumbar fusion. The assented body regions are the lumbar spine, cardiovascular disease, hypertension, urologic condition, and psychological diagnoses. A utilization review has denied the request for Dendracin cream on date of decision November 5, 2013. The stated rationale was that there was no documentation of intolerance to oral medication. Furthermore, the reviewer pointed out that benzocaine would fall under the same class as lidocaine. The guidelines only recommend lidocaine for peripheral neuropathic pain and thus it was felt that Dendracin Lotion would not be medically indicated. The utilization reviewer also specified that a peer review was carried out with the physician assistant taking care of this injured worker, and that the physician assistant had stated that this topical medication was already discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST FOR DENDRACIN CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Dendracin is a compounded preparation of methyl salicylate, benzocaine, and menthol. The Chronic Pain Medical Treatment Guidelines on page 111 states "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 Chronic Pain Medical Treatment Guidelines on page 105 states the following with regard to salicylate topicals: "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." 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 Guidelines below: "[Topical] Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) 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. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Furthermore, the active ingredient of benzocaine is a topical anesthetic, and like lidocaine should be reserved for cases of localized neuropathic pain. In the case of this injured worker, there is documentation of lumbar post laminectomy syndrome. The patient has documentation of significant radicular symptoms to the right leg. The duration of use of Dendracin is not clear as this has been documented to be used as early as April 2, 2013 in a progress note by pain management. The guidelines do not recommend the use of topical NSAIDs for over 12 weeks. Furthermore, lumbar radicular symptoms are not a form of localized neuropathic pain that is amenable to topical treatment. Given these facts, this request is recommended for non certification.