

<b>Case Number:</b>	CM13-0064827		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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:

According to the records made available for review, this is a 43-year-old female with a 9/9/10 date of injury. At the time (11/6/13) of the request for authorization for Dendracin topical analgesic cream 120 ml, there is documentation of subjective (ongoing neck pain) and objective (difficulty standing up straight and going from a sitting to a standing position, slight antalgic gait and stiff gait favoring the right lower extremity, posterior cervical musculature tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points palpable and tender throughout the cervical paraspinal muscles and decreased range of motion with obvious muscle guarding, tenderness in the posterior lumbar musculature right greater than left, and decreased sensation on the posterolateral thigh and calf and about the L5-S1 distribution) findings, current diagnoses (lumbar Myoligamentous injury with posterior annular tear at L5-S1, bilateral lower extremity radiculopathy right greater than left, cervical Myoligamentous injury with associated cervicogenic headaches, bilateral carpal tunnel syndrome, and medication induced gastritis), and treatment to date (medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN TOPICAL ANALGESIC CREAM 120 ML:** Upheld

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

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

**Decision rationale:** Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other ant epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar Myoligamentous injury with posterior annular tear at L5-S1, bilateral lower extremity radiculopathy right greater than left, cervical Myoligamentous injury with associated cervicogenic headaches, bilateral carpal tunnel syndrome, and medication induced gastritis. However, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dendracin topical analgesic cream 120 ml, is not medically necessary.