

<b>Case Number:</b>	CM13-0069797		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2008
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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:

he patient is a 62-year-old female who reported an injury on 12/06/2008. The mechanism of injury was not submitted for review. The patient reportedly sustained an injury to her neck and right upper extremity. The patient's treatment history included physical therapy, medications, and cervical epidural steroid injections. The patient's most recent clinical evaluation documented that the patient had restricted range of motion in all planes of the cervical spine secondary to pain with notable muscle guarding along the paraspinal and trapezius muscle groups bilaterally with increased sensitivity to light touch in all dermatomes of the right upper extremity. The patient's diagnoses included a cervical disc with radiculitis, and reflex sympathetic dystrophy of the upper extremity. The patient's treatment plan included a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN CREAM #3, 1 DROP, TRANSDERMAL BID PRN, 30 DAYS, 2 REFILLS, CREAM BASE FLURBIPROFEN 20%, TRAMADOL 5%, CLONIDIEN 032%, CYCLOBENZAPRINE 4%, BUPIVACAINE 3%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation FDA (Topical Medication Safety Warning)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Clonidine: Pomerleau, A. C., Gooden, C. E., Fantz, C. R., & Morgan, B. W. (2.

**Decision rationale:** The requested Dendracin cream #3, 1 drop transdermal twice a day for 30 days with 2 refills and cream base with Flurbiprofen 20%, Tramadol 5%, Clonidine 0.2%, and Cyclobenzaprine 4%, and Bupivacaine 3% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the topical use of nonsteroidal anti-inflammatory drugs unless there is documentation that the patient is intolerant of oral formulations or if oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient is unable to tolerate oral formulations of nonsteroidal anti-inflammatory drugs; therefore, the Dendracin cream would not be indicated. Additionally, the compounded agent of the second topical compounded medication Flurbiprofen would also not be supported. The California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine in a cream formulation as it is not FDA approved for neuropathic pain. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxers as topical agents as there is no documentation of scientific evidence to support the efficacy of this formulation. Additionally, peer reviewed literature does not support the use of Tramadol or Clonidine in compounded formulations for topical use as there is little scientific evidence to support the efficacy and safety of these medications in a topical format. The California Medical Treatment Utilization Schedule does not recommend the use of any compounded agent that contains at least 1 drug or drug class that is not supported by guideline recommendations. Therefore, the second requested topical agent would also not be supported by guideline recommendations as it contains muscle relaxants and Lidocaine and a nonsteroidal anti-inflammatory drug. As such, the requested Dendracin cream #3, 1 drop transdermal twice a day as needed for 30 days with 2 refills, cream base with Flurbiprofen 20%, Tramadol 5%, Clonidine 0.2%, Cyclobenzaprine 4%, and Bupivacaine 3% is not medically necessary or appropriate.