

<b>Case Number:</b>	CM14-0000548		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 57 year old female who reported an injury on 02/25/2008 due to an unknown mechanism. The clinical note dated 10/07/2013 presented the injured worker with complaints of increasing lower back pain. The injured worker's physical exam revealed a slight increase in the lumbar lordotic curvature, mild tenderness to palpation with spasm present over the paraspinal musculature bilaterally, midline tenderness over the lumbosacral junction, positive straight leg raise, and range of motion values as follows: 42 degrees of flexion, 8 degrees of extension, 12 degrees of right side bending, and 17 degrees of left side bending. The injured worker was diagnosed with lumbar musculoligamentous sprain/strain, a 2 mm disc bulge at L3-S1 levels, and bilateral knee patellofemoral arthralgia with grade I medial and lateral meniscus tears. The provider recommended Dendracin 120 ml with shipping and handling. The request for authorization form was not included within the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN 120 ML, WITH SHIPPING AND HANDLING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Dendracin contains Capsaicin, menthol, and methyl salicylate. According to MTUS Chronic Pain Guidelines, Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. It was unclear if the injured worker had a diagnosis which would be congruent with the MTUS Guidelines recommendations for topical Capsaicin. It did not appear the injured worker had not responded or was intolerant to other treatments. Therefore, the request is not medically necessary and appropriate.