

<b>Case Number:</b>	CM14-0004096		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

This is a 52y/o male injured worker with date of injury 8/1/93 with low back pain, pain in the bilateral knees right greater than left, and cervical spine pain radiating into the bilateral upper extremities. Per 11/19/13 exam, the injured worker is a morbidly obese with very, stiff, antalgic gait favoring the left lower extremity. Cervical spine and upper extremity objective findings included tenderness to palpation along the bilateral posterior cervical musculature with decreased ROM, significant muscle rigidity along the cervical musculature, decreased sensation along the lateral arm and forearm bilaterally. Tinel's sign along the ulnar groove bilaterally and along the left wrist, diffuse muscle atrophy along the bilateral thenar and hypothenar muscles, and profound loss of sensation in the ulnar nerve distribution from the proximal to distal wrist. Lumbar spine and lower extremity findings included tenderness along the lumbar musculature bilaterally with increased muscle rigidity and decreased ROM, decreased sensation along the bilateral L5 distribution, positive Straight Leg Raise in the modified sitting position bilaterally, tenderness along the right knee medial and lateral joint lines with mild crepitus with general ROM, positive McMurray's sign in the right knee compared to the left, obvious swelling to the left ankle, well-healed surgical scar on the lateral ankle, tenderness throughout the left ankle, decreased left ankle ROM in all planes, slight hypersensitivity throughout the left foot, and reddish color to the left ankle. Electrodiagnostic studies of the bilateral lower extremities revealed moderate - severe lumbar radiculopathy at L5. Electrodiagnostic studies of the bilateral upper extremities revealed a right C6 nerve root irritation and possible bilateral C8, T1 cervical radiculopathy. Electrodiagnostic studies of the BUE 2013 revealed bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at the elbow. He has been treated with hinged knee brace, physical therapy, modified activity/work, and medication management.

## 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 MLS -APPLY 3 TIMES DAILY:**

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): 105, 111-113.

**Decision rationale:** The CA MTUS does not provide any evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, than the overall product is not indicated per MTUS as outlined below. Note the statement on page 111, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.