

<b>Case Number:</b>	CM14-0011525		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 66-year-old male with a reported date of injury on 10/21/2011. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include cervical spine sprain/strain with evidence of whiplash-type injury, lumbar spine sprain/strain with compression fracture, status post balloon vertebroplasty on 12/12/2011, neuropathic pain bilateral lower extremities, and severe degenerative joint disease at L4-5 and L5-S1 with grade 1 anterolisthesis of L4 on L5, and status post L4-S1 fusion on 05/21/2013. The medications were noted to include Percocet as needed for moderate to severe breakthrough pain, nortriptyline for neuropathic pain and insomnia, and gabapentin for neuropathic pain in the lower extremities. The progress note dated 12/04/2013 reported the injured worker exhibited increased symptoms of neuropathic pain. The Request for Authorization form was not submitted within the medical records. The request is for Dendracin lotion #120 mL to apply over topical areas of neuropathic pain, particularly the lateral thighs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION #120ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Capsaicin Page(s): 111-112.

**Decision rationale:** The request for Dendracin lotion #120 mL is non-certified. The Dendracin contains medical salicylate 30%, capsaicin 0.0375%, and menthol 10%. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. However, they are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state there is little to no research to support the use of many of these agents. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in injured workers who have not responded or are intolerant to other treatments. The guidelines state that capsaicin is generally used as treatment for osteoarthritis, and primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend capsaicin 0.0375% over the formulation of 0.025%. The guidelines state that any compounded product that contains at least 1 drug or drug product that is not recommended is not recommended. Therefore, the request for Dendracin does not meet the guidelines. Therefore, the request is not medically necessary and appropriate.