

<b>Case Number:</b>	CM14-0168695		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old man who sustained a work related injury on November 22, 2004. Subsequently he developed chronic low back and bilateral elbow pain. According to a progress report dated September 6, 2014, the patient reported that his low back pain comes and goes with numbness and that his bilateral elbow pain had improved. His medications (Diclofenac ER, Omeprazole, Cyclobenzaprine, Dendracin cream) helped with over 50% and kept his pain under control. The patient rated his pain as a 4/10. The patient was diagnosed with lumbar degenerative disc disease, lumbosacral or radiculitis, sacroiliac strain, and chronic pain. The provider requested authorization for Dendracin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 9/6/2014: Dendracin cream, 120ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

**Decision rationale:** Dendracin is formed by methyl salicylate, menthol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine

(similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of Dendracin or topical analgesics for the treatment of neuropathic pain. Therefore, Dendracin cream is not medically necessary.