

<b>Case Number:</b>	CM14-0173292		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational 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:

Patient is a 53 year-old male with date of injury 12/04/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the low back with radicular symptoms to the left lateral thigh. Objective findings: Examination of the lumbar spine revealed complete range of motion in all directions with slight pain upon forward flexion referring to left hip and bilateral lateral flexion referring to the right side. Bilateral seated straight leg raise was 90 degrees with referral to lower extremities. Positive left Kemp's sign. Motor strength was 5/5 throughout bilateral lower extremities. Intact light touch and pin sensibility on both lower extremities. The medical records supplied for review document that the patient was first prescribed the following medication on 09/02/2014. Medications: 1. Dendracin topical BID, #1

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin topical, #1 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Capsaicin, Non-steroidal anti inflammatory age.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105.

**Decision rationale:** Dendracin Cream is a topical analgesic with the active ingredients, methyl salicylate 30%, capsaicin 0.0375%, and menthol USP 10% used for the temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. The MTUS states that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant or unresponsive to other treatments. Dendracin topical BID #1, with 6 refills is not medically necessary.