

<b>Case Number:</b>	CM14-0179231		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; and topical medications. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for topical Dendracin. The claims administrator alluded to a September 12, 2014 progress note in which the applicant reportedly noted 7/10 pain with topical Dendracin and 9/10 pain without topical Dendracin. The applicant's work status was not provided. The applicant's attorney subsequently appealed the unfavorable Utilization Review decision. However, no clinical progress notes were incorporated into the Independent Medical Review packet. The sole notes on file were the IMR application, the applicant's attorney's proof of service letter, and the Utilization Review Report. The September 12, 2014 progress note made available to the claims administrator was not incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin topical analgesic cream:** 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): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Dendracin are deemed "largely experimental." In this case, the attending provider did not furnish any compelling applicant-specific information which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the September 12, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.