

<b>Case Number:</b>	CM14-0051209		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old female was reportedly injured on 5/18/2000 due to an undisclosed mechanism of injury. The most recent progress note, dated 1/2/2014, indicates that there are ongoing complaints of neck pain that radiates into the bilateral upper extremities. The physical examination demonstrated cervical spine: tenderness to palpation along the posterior paracervical muscles and trapezius. Limited range of motion and right shoulder-positive impingement sign is noted. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, and conservative treatment. A request was made for Topical Dendracin Lotion 120 ml and was not certified in the pre-authorization process on 3/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Dendracin Lotion 120 ml to apply as needed with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.