

<b>Case Number:</b>	CM14-0058705		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Emergency 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 injured worker is a 58 year-old male, who sustained an injury on August 20, 2004. The mechanism of injury was not noted. Diagnostics have included: 2010 lumbar MRI, 2010 EMG. Treatments have included: medications, hip replacement, 2012 LESI, and transcutaneous electrical nerve stimulation (TENS) unit. The current diagnoses are: lumbar degenerative disc disease, lumbar radiculopathy, headaches, s/p (status post) total hip replacement, and Gastroesophageal Reflux Disease (GERD). The stated purpose of the request for one (1) Dendracin Lotion 120ml was to provide symptomatic relief of lower extremities neuropathic pain, after failed treatments with Gabapentin and Amitriptyline. The request for one (1) Dendracin Lotion 120ml was denied on April 22, 2014. Per the report dated March 31 2014, the treating physician noted complaints of low back pain, left lower extremity pain with numbness, tingling and weakness, dyspepsia, and headaches. Exam findings included lumbar tenderness and restricted range of motion, positive left-sided straight leg raising tests, left L5/S1 hypoesthesia and weakness of the left-sided EHL. Per an April 8, 2014 AME report, future medical care included treatment for hypertension, GERD and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Dendracin Lotion 120ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009, Pg. 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend topical analgesic creams as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. Also, any compounded medication with a non-recommended ingredient is itself not recommended. The injured worker has low back pain, left lower extremity pain with numbness, tingling and weakness, dyspepsia, and headaches. The treating physician has documented lumbar tenderness and restricted range of motion, positive left-sided straight leg raising tests, left L5/S1 hypoesthesia and weakness of the left-sided EHL; as well as failed trials of Gabapentin and Amitriptyline. Dendracin consists of Menthol 5%; Benzocaine 15% and Methyl salicylate 30%. It is concerning that salicylate in prescribed cream is 30%. Salicylate in Arthrotec (FDA regulated cream) is only 10% and there are concerns raised by FDA regarding both efficacy of and toxicity from topical Salicylates. Benzocaine has been thought a possible skin sensitizer. Based on this information, despite first-line therapy trials, and documented GI symptoms, the skin sensitization issue and the lack of documented trials of guidelines-supported neuropathic topical treatment such as Lidoderm, the criteria noted above not having been met. Dendracin Lotion 120ml is not medically necessary.