

<b>Case Number:</b>	CM14-0071812		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 42 year old male who had a work related injury on 05/31/12. No clinical documentation of mechanism of injury. He was being treated for low back and bilateral lower extremities radicular symptoms. He was status post umbilical hernia repair on 01/30/14, status post right inguinal hernia repair on 01/07/14, and status post left inguinal hernia repair 01/31/14. The most recent clinical record submitted for review was dated 05/28/14 the injured worker had recently underwent a second in the series of two lumbar epidural steroid injections at L5-S1 bilaterally on 02/27/14 he reported 50% relief, but unfortunately it only lasted one week. On MRI he had significant disc bulge measuring 6mm at L5-S1. He was now recommended to have an anterior lumbar interbody fusion. He continued to have neck pain radiating into his upper extremities right greater than left. An MRI revealed 2mm disc protrusion with suggestion of annular fissure at C4-5 and C5-6. He had trigger point injections with no relief. On physical examination, posterior cervical musculature revealed tenderness to palpation bilaterally, with increased muscle rigidity. The patient had numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions bilaterally. The injured worker had a decreased range of motion with obvious muscle guarding. Reflexes were 2+ in upper extremities. Strength rated 5/5 in upper extremities. Lumbar spine examination walking on tip toes and heels increased pain. The injured could not perform a full squat with a full recovery. Flexion 45 degrees extension 15 degrees left lateral bending 20 degrees right lateral bending 20 degrees. Reflexes were 2+ at the knee jerks 1+ ankle jerks bilaterally. The injured worker had a decreased range of motion of lumbar spine secondary to pain. A prior utilization review on 03/17/14 non-certified Dendracin topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Dendracin Topical Analgesic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 and 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore medical necessity has not been established. The request is not medically necessary and appropriate.