

<b>Case Number:</b>	CM14-0098118		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 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 patient is a 57-year-old male with date of injury of 04/11/2013. The listed diagnoses per [REDACTED] from 06/03/2014 are: 1. Reflex sympathetic dystrophy of the upper limb. 2. Hand pain. 3. Right middle finger flexion contracture. According to this report, the patient complains of right hand, especially middle finger pain and right wrist swelling. He reports tingling, numbness, and weakness. The patient rates his pain 8/10. He describes his pain as sharp, shooting, stabbing with tightness that is aggravated by the use of the right hand. The patient states that his pain impairs his ability to perform his household chores, drive, walk, run, play sports, and has had a negative impact emotionally causing problems with sleep. The examination shows range of motion of the cervical spine is full. Motor strength is 5/5 bilaterally in the upper extremities. Sensation is normal to light touch, pinprick, and temperature along all dermatomes of the bilateral upper extremities except over on the right middle finger in all modalities. Right middle finger flexion contracture is at 110 degrees, no allodynia, hyperalgesia or any evidence of CRPS (complex regional pain syndrome), bulbar swelling or right middle finger knuckle. The documents include a QME (qualified medical evaluation) from 05/01/2014, 2 UDS (urine drug screen) from 12/19/2013 and 02/13/2014, and an MRI of the upper extremity from 02/04/2014 that showed moderate degree of joint effusion at the proximal interphalangeal joint space along the volar aspect; tendons are otherwise intact. The utilization review denied the request on 06/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendraxcin lotions 0.0375 percent, 10 percent, 30 percent Quantity: 1.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111-112.

**Decision rationale:** This patient presents with right hand, right middle finger, right wrist swelling and pain. The treater is requesting Dendracin Neurodendraxcin lotion 0.0375%, 10%, 30% quantity 1. This product contains methyl salicylate, menthol and capsaicin (0.0375%). The MTUS Guidelines on topical NSAIDs states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatments of osteoarthritis. It is indicated for patients with osteoarthritis and tendonitis in particular that of the knee, elbow, or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. It is only indicated for short-term use between 4 to 12 weeks. MTUS allows Capsaicin at 0.025% and does not support this at higher concentration due to lack of evidence. MTUS also does not recommend compounded product if any one of the components are not recommended. The records show that the patient was prescribed a topical compound Methoderm on 05/07/2014. The 06/03/2014 report notes a new prescription for Dendracin Neurodendraxcin lotion. It appears that the treater is recommending this topical NSAID for the patient's right hand/finger injury. However, this product also contains Capsaicin at a higher dose than what is allowed per MTUS. Furthermore, the patient has already tried Methoderm which contains methyl salicylate that did not work. Dendracin also contains methyl salicylate. Recommendation is for denial.