

<b>Case Number:</b>	CM14-0179245		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	09/29/2014
<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 Family 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 67 year old male who sustained a work-related injury on October 23, 2010. A request for Dendracin 120 mls was non-certified by Utilization Review (UR) on September 29, 2014. The UR physician utilized the California (CA) MTUS guidelines when evaluating the request. The CA MTUS recommends the use of Lidocaine and medications in the same class of Lidocaine such as a component in the medication Dendracin to be used for peripheral neuropathic pain and only in a dermal patch formulation. The UR physician determined that upon review of the submitted medical documentation that the injured worker was not being treated for localized peripheral neuropathic pain. In addition the CA MTUS indicates that if one component in a compound medication is not recommended for certification then the medication is not recommended. A request for independent medical review was initiated on October 28, 2014. The documentation submitted for independent medical review included a provider's progress report dated March 28, 2014 which revealed that the injured worker complained of right shoulder pain with no radiation of pain. The pain was described as sharp in nature and occurred when the injured worker lifted his arm upwards. The injured worker's treatment modalities included pain medication as needed, acid reflux medication and Transcutaneous Electrical Nerve Stimulation (TENS) treatment. The provider recommended the injured worker continue with his plan of treatment. A physician's report dated April 24, 2014 indicated that the injured worker had no new issues to report and reported that the TENS unit help to calm his symptoms. The provider recommended he continue his medications and use of the TENS unit. A physician's report dated June 2, 2014 indicated that the injured worker denied any new issues and again reported that his TENS unit helped to calm his symptoms. He was continued on his TENS unit and continued with a home exercise plan. The injured worker had

retired from employment when evaluated in these medical visits and diagnoses associated with these medical visits included shoulder injury, myofascial pain and diabetes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dendracin 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation  
<http://www.drugs.com/cdi/dendracin-lotion.html>

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

**Decision rationale:** According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on this, the request for Dendracin is not medically necessary.