

<b>Case Number:</b>	CM14-0203725		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational 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:

This is a 50 year old male who suffered an industrial related injury on 10/2/10. A physician's report dated 6/6/14 noted the injured worker had complaints of neck and bilateral upper extremity pain. The injured worker was status post cervical epidural steroid injection 3/12/12 which provided 50% pain relief. Diagnoses included cervical disc disease with radiculitis, degeneration of cervical disc, cervicgia, and thoracic pain. Electromyography/nerve conduction study showed a high probability of denervation in the right C5-6 myotome which is consistent with acute C5-6 radiculopathy on the right. A physician's report dated 10/27/14 noted the injured worker was taking Dendracin Neurodendracin lotion, Omeprazole, Lipitor, and Ibuprofen. On 11/25/14 the utilization review (UR) denied the request for Dendracin Neurodendracin lotion 0.0375%-10% with 3 refills. The UR physician noted the Medical Treatment Utilization Schedule guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of objective functional benefit supporting the injured worker's subjective improvement with using the topical analgesic. There is also no evidence of failed trials of oral anticonvulsants and antidepressants as well as intolerant and unresponsiveness to all other treatments that may require the need for topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendracin lotion 0.0375%-10%, # 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The MTUS Guidelines are very specific regarding the use of compounded topical medications. If an ingredient is not Food and Drug Administration (FDA) or Guideline approved, the compound is not approved. Dendracin is a blend of common over the counter ingredients (Methyl Salicylate, Menthol, Capsaicin) with strength of Capsaicin (.0375%) that Guidelines specifically address and do not recommend. Guidelines standards do not support this compound and there are no unusual circumstances to warrant an exception to Guidelines. Therefore, this request is not medically necessary.