

<b>Case Number:</b>	CM14-0205638		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man who sustained a work-related injury on January 5, 2011. Subsequently, the patient developed chronic low back pain. According to a progress report dated December 10, 2014, the patient remained stable with his current low back pain. He continued to rate his low back pain as being mild-to-moderate. He continued to note improvement in left lower extremity radicular pain following his lumbar epidural steroid injection on July 17, 2014. However, he admitted to twinges of radicular symptoms affecting left lower extremity, which he described as intermittent shooting pain down the leg. He had numbness in the right thigh. He admitted to some pain over the left lateral hip, which has been present for the last week. The patient has previously completed 12 visits of physical therapy, which he did not find beneficial. He has also received Toradol injections, which was beneficial in reducing the pain for several days. The patient continued to use Norco for breakthrough pain and Naproxen only if needed. Examination of the lumbar spine revealed mild bilateral lumbar paraspinous tenderness from L4 to S1. Negative twitch response. Minimally tender over the paravertebral joints. The lumbar spine range of motion was restricted by pain. There was negative straight leg raise bilaterally. Negative Patrick's. Negative Faber. Slightly tender over the left greater trochanter muscle testing. Muscle testing was 5/5 in all tested groups except extensor hallucis longus left 4-5/5. The patient had intact sensory all dermatomes bilaterally. Reflex testing: patellar reflex 1+ bilaterally, Achilles 1+ bilaterally. The patient was diagnosed with lumbar spine sprain/strain with axial low back pain and lumbar radiculopathy. The provider requested authorization for Dendracin lotion and Ketoprofen/ Gabapentin/Lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion (Purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 126.

**Decision rationale:** Dendracin is formed by Methyl Salicylate, Menthol and Benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of Dendracin. Furthermore, it is not clear from the records that the patient failed oral first line therapies such as anticonvulsant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin lotion is not medically necessary.

**Ketoprofen/Gabapentin/Lidocaine (KGL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for Ketoprofen/Gabapentin/Lidocaine cream is not medically necessary.