

<b>Case Number:</b>	CM15-0108616		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male, who sustained an industrial injury on 8/30/2005. The mechanism of injury is documented as a fall. The injured worker was diagnosed as having head injury with loss of consciousness with subsequent headaches and tinnitus, depression/anxiety, cervical sprain/strain with multilevel disc protrusion, bilateral shoulder pain, lumbar sprain/strain with multilevel disc protrusion and bilateral knee arthralgia. There is no record of a recent diagnostic study. Treatment to date has included vestibular rehabilitation therapy, medial branch blocks, left elbow surgery, acupuncture, aquatic therapy, bilateral knee injections, chiropractic care and medication management. In a progress note dated 5/13/2015, the injured worker complains of tinnitus, right great than left shoulder pain, left knee pain, low back [pain, left knee crepitus and burning pain over the right shoulder. Pain is rated 2/10 with medications and 6/10 without medications. Physical examination showed stiffness and tenderness over shoulders, bilateral cervical paraspinous tenderness with minimal spasms, bilateral lumbar muscle spasms and bilateral knee tenderness. The treating physician is requesting Dendracin lotion 240 cc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion 240cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=77199c68-4209-4ffa-84f0-2ab0103dbce9>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Section Topical Analgesics Section Page(s): 28, 29, 111-113.

**Decision rationale:** Dendracin lotion contains the active ingredients methyl salicylate 30%, capsaicin 0.0375%, and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of dendracin lotion is not recommended. The request for dendracin Lotion 240cc is determined to not be medically necessary.