

<b>Case Number:</b>	CM15-0016543		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Family Practice

### 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 50-year-old male who sustained an industrial injury on 5/5/00. The injured worker reported symptoms in the back and lower extremities. The diagnoses included low back pain with lumbar radiculopathy, lumbar degenerative disc disease, depression/anxiety, status post bilateral L4-L5 facet rhizotomy. Treatments to date include steroid injections, spinal cord stimulator, status post L5-S1 fusion with L4-L5 disc replacement and subsequent L4-L5 fusion on 1/28/10, status post bilateral L4-L5 facet rhizotomy on 3/3/09, oral pain medication, home exercise program. In a progress note dated 12/31/14 the treating provider reports the injured worker "remains symptomatic with low back and lower extremity pain...intense severe pain has decreased and is now mild following the injection." On 1/23/15 Utilization Review non-certified the request for Dendracin lotion 240ml, quantity of 1. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion 240ml, quantity 1: Upheld**

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

**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.