

<b>Case Number:</b>	CM15-0130400		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Massachusetts  
 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:

This 43 year old woman sustained an industrial injury on 1/18/2010. The mechanism of injury is not detailed. Diagnoses include multilevel cervical disc degenerative disease, right upper extremity radiculopathy, multilevel lumbar degenerative disc disease, and lumbar radiculopathy. Treatment has included oral medications, physical therapy, psychiatric care, and lumbar epidural steroid injections. Physician notes dated 5/13/2015 show complaints of increased back pain. The worker rates her pain 4-5/10 with medications and 9/10 without medications. Recommendations include Tramadol ER, Omeprazole, urological surgery, Toviaz ER, Cipro, Dendracin lotion, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion 240ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 112-119.

**Decision rationale:** According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally there is no documented evidence of objective improvement in either symptoms or functional capacity with the prescribed dendracin lotion. Consequently continued use of the above listed compounded agent is not supported at this time.