

<b>Case Number:</b>	CM15-0164277		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, 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:

This injured worker is a 37-year-old male who reported an industrial injury on 3-29-2014. His diagnoses, and or impression, were noted to include: lumbar sprain. No current imaging studies were noted. His treatments were noted to include: consultations; physical therapy and acupuncture treatments-ineffective; medication management with a narcotic agreement; and modified work duties. The progress notes of 4-27-2015 reported an initial visit for complaints of moderate, constant low back pain that radiated to the thoracic spine, aggravated by activity, and made better with lying flat in bed to rest. Objective findings were noted to include: no apparent distress; tenderness with spasms to the lower lumbar para-spinal area, negative special testing, normal strength; normal reflexes, and normal findings on magnetic resonance imaging studies of the lumbar spine. The physician's requests for treatments were noted to include the continuation of Dendracin cream to address the axial back pain and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120ml Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Dendracin contains .0375% Capsaicin, 30% MethylSalicylate and 10% Menthol. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsaicin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of Capsaicin than is medically necessary. In addition, the claimant had been on Dendracin for over a month. The claimant was also on oral NSAIDs. Topical NSAIDS like Methyl Salicylate can reach systemic levels similar to oral NSAIDS. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore, Dendracin is not medically necessary.