

<b>Case Number:</b>	CM15-0186732		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 36-year-old male who sustained an industrial injury 4-14-2012. Diagnoses have included lumbar disc displacement without myelopathy, lumbosacral radiculitis, and lumbago. Documented treatment includes chiropractic and physical therapy, and treatment by a pain management physician. The 8-25-2015 note states he was "tried on Tramadol, Naprosyn and Prilosec as well as an unspecified topical lotion provided by another physician." Ultracet is noted to have given him intestinal side effects and to not have been effective. This was discontinued 8-25-2015, along with Omeprazole and Tramadol. Tramadol and Dendracin were noted to help bring pain from 7 out of 10 to 4 out of 10. Documentation of initial use of Dendracin is not present in the provided records. The 7-2015 note documents its use, but those provided prior to that does not reference this medication. The injured worker continues to report constant low back pain with burning down his left leg into his heel and the outside of his foot with occasional tingling and throbbing. Range of motion was noted 8-25-2015 to be limited "on all planes" and there was documentation of hypertrophy on the left side. The treating physician's plan of care includes a request for authorization for Dendracin prescribed 8-25-2015, but this has been denied as of 9-10-2015. The injured worker continues to work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120ml (prescribed 08/25/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Dendracin's ingredients are methyl salicylate, benzocaine, menthol, capsaicin, dimethyl sulfoxide, aloe vera gel, zingiber extract, borage oil, boswellia serrata, soyalecithin, PEG 100, stearic acid, propylene glycol, cetyl alcohol & Poloxamer 407) is a non-prescription strength topical analgesic with no proven greater efficacy than any other over-the-counter pain cream. Guidelines specifically noted that Boswellia Serrata Resin (Frankincense) is not recommended for chronic pain and as criteria note that any compounded product that contains at least one drug (or drug class) that is not recommended, is therefore, not recommended. Boswellia serrata is not recommended and is also a component of Dendracin, thereby; the request for Dendracin Cream has not been established. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic 2012 injury without documented functional improvement from treatment already rendered. The Dendracin 120ml (prescribed 08/25/2015) is not medically necessary and appropriate.