

<b>Case Number:</b>	CM15-0198833		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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:

This injured worker is a 33 year old female, who sustained an industrial injury on 09-10-2014. The injured worker was diagnosed as having tendonitis and right cuff tendonitis and wrist strain - right wrist with extensor tendon tenosynovitis. Hand written medical records that were submitted for revealed are difficult to decipher. On medical records dated 06-18-2015, 07-02-2015 and 08-28-2015 the subjective complaints were noted as pain and right wrist pain. Objective findings were noted as diffuse tendonitis and wrist-hand tenderness to palpation over the right wrist extensor tendons. Range of motion was limited to guarding. Treatments to date included home exercise program, stretching and hardening. The injured worker was noted to be able to return to work on 06-22-2015 for 4 hours a day with stretching breaks. Current medications were listed as Lidocaine gel on 08-28-2015. The Utilization Review (UR) was dated 09-09-2015. A Request for Authorization was dated 08-28-2015 for request for Dendracin 120mg with 2 refills (prescribed 8/28/15) was submitted. The UR submitted for this medical review indicated that the request for Dendracin 120mg with 2 refills (prescribed 8/28/15) was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120mg with 2 refills (prescribed 8/28/15): Upheld**

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

**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 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 2014 injury without documented functional improvement from treatment already rendered. The Dendracin 120mg with 2 refills (prescribed 8/28/15) is not medically necessary and appropriate.