

<b>Case Number:</b>	CM15-0029104		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Texas, New York, California  
 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 3, 2014. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for topical compounded Dendracin cream. The applicant's attorney subsequently appealed. On January 10, 2015, the applicant was apparently using a variety of agents, including Flexeril, tramadol, diclofenac, and Neurontin. Multifocal complaints of bilateral wrist pain, bilateral elbow pain, and upper extremity paresthesias were evident. It was suggested that the applicant was employed full time as a medical biller. An orthopedic consultation was pending. Dendracin was apparently endorsed. The attending provider did suggest that the applicant was deriving appropriate analgesia with ongoing gabapentin usage, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - DENDRACIN NEURODENDRAXCIN- methyl [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209). Label: DENDRACIN NEURODENDRAXCIN- methyl salicylate, menthol and capsaicin lotion.

**Decision rationale:** No, the request for Dendracin was not medically necessary, medically appropriate, or indicated here. Dendracin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, and Menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the Dendracin amalgam, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Neurontin, oral diclofenac, oral tramadol, oral Flexeril, etc., effectively obviated the need for the capsaicin-containing Dendracin lotion. Therefore, the request was not medically necessary.