

<b>Case Number:</b>	CM15-0213404		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Pennsylvania

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 is a 51 year old female with a date of injury of November 8, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine discopathy, L4-5 grade I anterolisthesis, and chronic pain. Medical records (September 1, 2015) indicate that the injured worker complained of lower back pain with numbness and tingling to the bilateral lower extremities, and neck pain. The physical exam reveals slightly antalgic gait, tenderness of the thoracolumbar spine down to the base of the pelvis, spasm and tightness of the paralumbar musculature bilaterally, tenderness of the buttocks, unable to fully squat due to pain, tenderness with stress of the pelvis, and decreased range of motion of the lumbar spine. Treatment has included topical creams for pain and magnetic resonance imaging of the lumbar spine (March 25, 2014) that showed hemisacralization of the L5 vertebral body, spondylitic changes, and grade I anterolisthesis at L4-5. The injured worker's work status was not documented in the submitted records. The utilization review (October 9, 2015) non-certified a request for Dendracin lotion 120ml with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion 120ml, three times a day to affected area #1 with 1 refill: Upheld**

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

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

**Decision rationale:** Dendracin is a combination of methyl salicylate, menthol, and benzocaine. Methyl salicylate is recommended. Menthol is not specifically listed in the MTUS but is a product in BenGay that is specifically discussed under topical salicylates and is recommended. Benzocaine is not mentioned in the MTUS but is similar to topical lidocaine which is discussed in the MTUS. Topical lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical benzocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical benzocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.