

<b>Case Number:</b>	CM15-0215263		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 05-13-2011. A review of the medical records indicates that the worker is undergoing treatment for cervical and lumbar strain, status post shoulder surgery, TMJ complaints and bursitis-tendinitis of the right shoulder. Subjective complaints on 07-21-2015 included some weakness on the left side of the face, headaches and stiffness of the shoulder. Objective findings showed restricted range of motion of the lumbar spine, positive straight leg raise and stiffness of the shoulder with limited motion. Subjective complaints (08-13-2015 and 09-11-2015) included neck, upper extremity, low back and right leg pain. Hydrocodone-Acetaminophen was noted to decrease pain from 7 to a 4-5 but there was no documentation regarding the effectiveness of Dendracin cream at improving pain and objective function. There is no documentation of intolerance to oral pain medication. Objective findings (08-13-2015 and 09-11-2015) included decreased range of motion of the cervical spine, mild to moderate tenderness over the right erector capitis and trapezius muscle, decreased range of motion of the right shoulder and hip, sensory deficits along the 2nd and 3rd mandibular branches of the cranial nerves, weakness of the left facial nerve including a left grimace, sensory deficits along the right C4-C7 and right L1-S1 with reduced muscular strength of the right arm and leg with difficulty standing on the right leg. Treatment has included Cyclobenzaprine, Hydrocodone-Acetaminophen, Dendracin cream (since at least 04-16-2015), home exercise program, and cervical epidural steroid injection. A utilization review dated 09-29-2015 non-certified a request for Dendracin lotion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/dendracin-lotion.html>.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin contains: Methyl Salicylate 30%, Capsaicin 0.0375%. Capsaicin is a topical that is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the Capsaicin quantity in Dendracin exceeds the amount recommended by the guidelines. In addition, the claimant was on Capsaicin for several months in combination with oral opioids for several months. Any compounded that is not recommended is not recommended for the entire topical formulation. Dendracin is not medically necessary.