

<b>Case Number:</b>	CM15-0033961		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: North Carolina

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 57-year-old male, who sustained an industrial injury on 02/12/2003. The diagnoses have included chronic and persistent low back pain status post L4-S1 interbody fusion on 02/17/2006, resolved ninth rib fracture, industrial causation hypertension, headaches, and bilateral carpal tunnel syndrome. Noted treatments to date have included aquatic therapy, acupuncture, Occupational Therapy, physical therapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/08/2015, the injured worker presented with complaints of low back pain and neuropathic pain in bilateral lower extremities. The treating physician reported the injured worker notes both functional improvement as well as improvement in pain with his current medication regimen and prescribed to continue the Dendracin lotion for treatment of neuropathic pain complaints. Utilization Review determination on 01/23/2015 non-certified the request for Dendracin Lotion Neurode citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lot Neurode (Dendracin Lotion): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication, Salicylate Topicals. Decision based on Non-MTUS Citation drugs.com, Dendracin lotion.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.