

<b>Case Number:</b>	CM15-0041850		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Pain Management

### 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 62-year-old male, who sustained an industrial injury on 5/4/14. The injured worker has complaints of low back pain. Paraspinal palpation from L1 to the sacrum shows tenderness to palpation and spasm bilateral at lower lumbar area; range of motion was within normal limits but uncomfortable. Facet load was positive at bilateral lower lumbar area. The diagnoses have included lumbar muscle strain. Treatment to date has included physical therapy with some benefits; acupuncture with no relief; lumbar spine X-ray showed slight loss of the disc height from L3-L5, moderate loss of the disc height at L5-S1, facets show prominent lumbar degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 120 ml apply to effected area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** Regarding request for Dendracin, Dendracin is a combination of methyl salicylate, menthol, and benzocaine. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain process (such as post-herpetic neuralgia) for which the benzocaine component would be approved. In any compounded formulation, all components must be recommended for the compounded medication to be approved. Given this, the currently requested Dendracin is not medically necessary.

**Lidocaine patch 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The patient has primarily low back pain with degenerative disc disease, but does not have a localized neuropathic pain process. As such, the currently requested Lidoderm is not medically necessary.