

<b>Case Number:</b>	CM13-0003623		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year old female who reported an injury on 02/01/2011. The mechanism of injury was not provided. The injured worker's medical history included Tramadol ER 150 mg #30, Naproxen #60, Topamax #60, and Dendracin cream 120 ml. The documentation of 06/14/2013 revealed the injured worker had left wrist surgery on 11/08/2012. The injured worker complained of constant pain in bilateral wrists. The pain was at 7/10. The injured worker indicated she had stiffness in the morning. The injured worker used hot and cold modalities and a TENS unit as needed for pain. The diagnosis included carpal tunnel syndrome bilaterally and epicondylitis on the right. The treatment request was made for Dendracin lotion 120 ml for topical use for pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN CREAM 120ML QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATES, TOPICAL ANALGESICS, LIDODERM Page(s): 105, 111, 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicates that Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS Chronic Pain Guidelines further indicates any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Benzocaine is similar to Lidocaine and is only recommended in a Lidoderm patch. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 2 months. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dendracin cream 120 ml is not medically necessary.