

<b>Case Number:</b>	CM14-0141310		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and 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 50-year-old male who reported an injury on 06/12/2013. The mechanism of injury was not provided. On 04/12/2014, the injured worker presented with low back pain. Upon examination, the lumbar range of motion was limited in flexion and very limited in extension, lateral rotation, and lateral bending. The injured worker ambulated with a non-antalgic gait, without demonstrating any major postural abnormalities or guarding. The diagnoses were lumbosacral neuritis not otherwise specified, radiculitis syndrome of the lower limbs, and low back pain. Prior treatment included acupuncture and medications. The provider recommended Dendracin Neurodendraxcin lotion #2. The provider's radiate was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendraxcin Lotion #2:** 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.

**Decision rationale:** The request for Dendracin Neurodendraxcin lotion #2 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics and antidepressants. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker failed trial of an antidepressant or anticonvulsant. Additionally, the site at which the lotion was indicated for and the frequency was not provided in the request as submitted. As such, medical necessity has not been established; therefore, the request for Dendracin Neurodendraxcin lotion #2 is not medically necessary.