

<b>Case Number:</b>	CM14-0148554		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Pain Management 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 36 year old female with a date of injury on 10/6/2009. As per the report of 3/24/14, she complained of right lower back pain radiating down to the back of her right leg to the foot. She described it as aching, stabbing and increasing with movement. She rated it at 10/10 on the pain scale. She reported that her back symptoms were worse. There was moderate to severe low back pain radiating down to both posterior right and left legs. There were intermittent paresthesias of both feet in a nerve root distribution. The tingling was worse in the right leg. On exam, her gait was antalgic. The back exam revealed slight straightening of the normal lumbar lordosis, moderate pain to palpation of the paraspinal muscles of the low back bilaterally, and no palpable spasm of the back. The electromyography in 2011 revealed increased membrane instability in the lower extremity muscles and abnormal motor unit action potential findings in muscles innervated by the bilateral L5-S1 nerve roots. The nerve conduction velocity test was done in 2011. It revealed prolongation of the distal motor latencies of the bilateral peroneal nerves and the left tibial nerve. The prolongation of the sensory peak latency of the right superficial peroneal nerve amplitudes of the distal motor latencies of the bilateral peroneal nerves was decreased. There was no prolongation in the F waves and H reflex studies of both lower extremities. There was no delay in the bilateral nerve conduction velocity studies. Magnetic resonance imaging of the lumbar spine without contrast revealed moderate discogenic degenerative changes at L5-S1 and L4-5. On 10/12/12, she had a transforaminal lumbar interbody fusion at L4-5 and L5-S1 and has had ongoing care for low back symptoms. She is on acetaminophen. Her diagnoses include sprain in lumbar region, thoracic or lumbosacral neuritis or radiculitis, unspecified and sprain in thoracic region. The request for Dendracin lotion was denied on 08/14/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Dendracin lotion dispensed on 04/04/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Dendracin contains methyl salicylate/benzocaine/menthol. The California Medical Treatment Utilization Schedule guidelines state that the only nonsteroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel (the first topical nonsteroidal anti-inflammatory drug approved in the United States) provides clinically meaningful analgesia in injured workers with a low incidence of systemic adverse events. Lidocaine in the form of Lidoderm patch is the only Food and Drug Administration approved topical analgesic for the treatment of neuropathic pain. Therefore, the request is not medically necessary, according to the guidelines.