

<b>Case Number:</b>	CM14-0149694		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/26/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational Medicine 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:

There were 180 pages provided for review. The application for independent medical review was for Dendracin 10% cream. It was signed on June 10, 2014. Per the records provided, there was a therapy reevaluation report from February 12, 2014. There was improvement and cervical range of motion into decrease in the overall pain in the cervical and midthoracic time spine. The claimant has a history of chronic back, shoulder, upper back and bilateral arm pain left greater than right and cervical degenerative disc disease with moderate to severe degeneration. The patient had 50% improvement with trigger point injections. The claimant is taking Cymbalta and Flexeril and had greater than 50% improvement with acupuncture. There is benefits with the Dendracin and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1prescription for dendracin cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Dendracin is a compounded topical analgesic which contains Methyl Salicylate 30 percent, Capsaicin 0.0375 percent, Menthol USP 10 percent and other proprietary ingredients. Chronic Pain Medical Treatment Guidelines note that topical analgesics are recommended as an option in certain circumstances. 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without evidence-based guideline to support the formulation of capsaicin in the compounded Dendracin cream as well as no evidence of failure of first-line treatment, medical necessity is not established.