

<b>Case Number:</b>	CM14-0166774		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine, and is licensed to practice in District of Columbia & Virginia. 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:

This is a 43 year old patient who sustained injury on Jun 12 2002. The patient had pain over the left lower leg. The patient was diagnosed with chronic venous insufficiency and was noted to have a history of deep vein thrombosis. There was no evidence of active lesion or an open wound/infection of the left leg. He was seen by [REDACTED] and prescribed flexeril ,omeprazole and dendracin cream on Sept 17 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendraxcin cream 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29,56-27,105.

**Decision rationale:** Dendracin contains methyl salicylate, benzocaine and menthol. Benzocaine is a local anesthetic, similar to lidocaine. Per MTUS, lidocaine is recommended or localized peripheral pain after there has been evidence of a trial of first line therapy (such as tricyclic or SNRI anti-depressant or an AED such as gabapentin or lyrica), for topical salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than

placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. Per ODG, methyl salicylate effectiveness is 'limited by the quality, validity and size of the available studies'. This patient did not have an initial trial with first line therapy as recommended by MTUS and it is currently indicated to treat chronic pain. Therefore, it is not medically necessary.