

<b>Case Number:</b>	CM14-0214834		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 44-year old female with date of injury 4/18/07. The treating physician report dated 11/6/14 (89b) indicates that the patient presents with pain affecting her low back and bilateral legs with numbness and weakness, along with neck and upper extremity pain with numbness, mid back pain, headaches, abdominal pain and left hip pain. The physical examination findings reveal point tenderness to left gluteal muscles with focal muscle induration 4 cm x 4 cm. There was a positive twitch response with pain radiating into the lower back and upper thigh area. Prior treatment history includes laparoscopy in 1999, lumbar laminectomy and discectomy and fusion in 2010, thoracic discectomy and fusion in 2012 and removal of lumbar spine fixation hardware in 05/2014. No current MRI findings were included in the clinical history. Current medications are Norco, Zofran, Carisoprodol. The current work status is not noted in the medical history provided. The current diagnoses are: 1. Degenerative disc disease lumbar spine with lumbar radiculopathy status post lumbar laminectomy, discectomy, fusion on January 30, 2014 and subsequent removal of hardware on 5/30/14 with a 50% reduction of the back and left leg pain following an trigger point injection left hip on October 16, 2014.2. Degenerative disc disease of the cervical spine with cervical radiculopathy3. Thoracic radiculopathy secondary to degenerative disc disease of the thoracic spine status post thoracic laminectomy and discectomy in 2012.4. Sub acute bursitis, tendonitis, left hipThe utilization review report that denied the request for Dendracin lotion denied because there was no documentation of neuropathic pain to justify the use of Benzocaine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** The patient presents with pain affecting her low back and bilateral legs with numbness and weakness, along with neck and upper extremity pain with numbness, mid back pain, headaches, abdominal pain and left hip pain. The current request is for Dendracin lotion. Dendracin lotion contains methyl salicylate, benzocaine and menthol. The treating physician states continue Dendracin pain relief lotion over cervical, thoracic and lumbar spin. Dendracin lotion is a topical analgesic. It works by temporarily relieving minor aches and pains caused by arthritis, simple backache, and strains. The MTUS guidelines regarding topical analgesics state, "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." MTUS goes further to state, record of pain and function with the medication should be recorded. In this case, the clinical records provided do not document a failure of any trials of antidepressants and/or anticonvulsants nor is a record of pain and function with the medication recorded. Therefore, the current request is not medically necessary and the recommendation is for denial.