

<b>Case Number:</b>	CM14-0032742		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 53 year old male, who sustained an industrial injury on 8/1/1993. The diagnoses have included cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10, lumbar degenerative disc disease with facet arthropathy, bilateral peroneal neuropathy, bilateral knee internal derangement, left ankle traumatic arthritis, depression/anxiety and medication induced gastritis. Treatment to date has included physical therapy, pain medications and injections. Per the physician's progress report from 2/13/2014, the injured worker received a cervical epidural steroid injection on 1/30/2014, which was providing about 60% benefit to his neck, upper extremities and headache symptoms. His carpal tunnel symptoms were bothering him. A recent lumbar epidural steroid injection provided 50% relief to his lower back as well as radicular symptoms to his lower extremities. He was able to cut back on the amount of Norco he takes. The injured worker also complained of right knee pain and left ankle pain. Objective findings revealed a very stiff, antalgic gait favoring the left lower extremity. There was tenderness to palpation of the cervical spine and significant muscle rigidity. Examination of the lumbar spine revealed tenderness to palpation and increased muscle rigidity. There was tenderness to palpation of the right knee and swelling to the left ankle. Current medications included Norco, Anaprox DS, Ultram ER, Prilosec and Dendracin topical analgesic cream. He was also given prescriptions for Xanax, Trazadone, Lexapro and Zanaflex. On 2/28/2014, Utilization Review non-certified a request for Dendracin Cream, noting that per guidelines,

topical analgesics that include Dendracin are considered an option for chronic pain when all other treatments have failed. The MTUS was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dendracin Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The requested Dendracin Cream, is not medically necessary. Chronic Pain Medical Treatment Guidelines, July 18, 2009, Pg. 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. Also, any compounded medication with a non-Recommended ingredient is itself not recommended. Dendracin Creme consists of Menthol 5%; Benzocaine 15% and Methyl salicylate 30%. It is concerning that salicylate in prescribed cream is 30%. Salicylate in Arthrotec (FDA regulated cream) is only 10% and there are concerns raised by FDA regarding both efficacy and toxicity from topical Salicylates. Benzocaine has been thought a possible skin sensitizer. The injured worker has right knee pain and left ankle pain. The treating physician has documented a very stiff, antalgic gait favoring the left lower extremity. There was tenderness to palpation of the cervical spine and significant muscle rigidity. Examination of the lumbar spine revealed tenderness to palpation and increased muscle rigidity. There was tenderness to palpation of the right knee and swelling to the left ankle. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Dendracin Cream is not medically necessary.