

<b>Case Number:</b>	CM15-0112747		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/25/1997
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 71 year old female who sustained an industrial injury on September 25, 1997. She reported repetitive trauma injury to her left upper extremity. The injured worker was diagnosed as having left upper extremity repetitive strain injury, left shoulder tendinitis, left wrist tendinitis, bilateral carpal tunnel syndrome, and left DeQuervain's tenosynovitis. Diagnostic studies were not included in the provided medical records. Treatment to date has included physical therapy, activity modifications, heat wraps, and medications including topical and oral analgesics, a joint health supplement, proton pump inhibitor, and non-steroidal anti-inflammatory. Her work status is described as modified. She is retired. On May 26, 2015, the injured worker complained of left upper extremity pain, which is rated 5-8/10. Physical therapy has been helpful in improving range of motion, controlling pain and opiate usage, and maintaining activities of daily living. Her topical medications help with her daily dressing and getting out of the house to shop. She is able to lift 3 pounds. The physical exam revealed upper back tenderness, decreased neck rotation, a decreased shoulder raise with stiffness, full elbow extension, intact grip, hypertrophic changes of the knuckles and joints, and tenderness of the left first metacarpophalangeal base around the snuffbox, but not necessarily the carpometacarpal joint. The grip test was: right hand = 5 pounds and left hand = 2 pounds. The treatment plan includes refilling the Dendracin Neurodendraxcin Lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendraxcin Lotion, quantity: 120 with 2 refills, prescribed on 05/26/2015:**  
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 capsaicin p. 28-29, salicylate topicals p. 104, Topical Analgesics p. 111-113 Page(s): 28-29, 104, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Topical Analgesics; Topical analgesics, compounded; Salicylate topicals and Other Medical Treatment Guidelines UpToDate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The requested medication, dendracin neurodendraxcin lotion, is noted in the medical records and the request for Independent Medical Review as Dendracin 0.0375-10-30%. This compounded topical medication contains capsaicin 0.0375%, menthol 10% and methyl salicylate 30%. The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, MTUS does not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The Official Disability Guidelines (ODG) recommends topical Methyl Salicylate as an option in the treatment "acute and chronic pain, but especially acute pain." The MTUS states that topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS does not recommend 0.0375% capsaicin, as there evidence is lacking and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of standard oral medications, including antidepressants and anticonvulsants. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. The site of application and directions for use were not specified. For these reasons, the request for Dendracin Neurodendraxcin Lotion is not medically necessary.