

<b>Case Number:</b>	CM15-0116905		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on July 31, 2002. The mechanism of injury was noted to be cumulative trauma while working as a carpenter. The injured worker has been treated for low back, bilateral shoulder and left knee complaints. The diagnoses have included lumbago, brachial neuritis/radiculitis, lumbar intervertebral disc degeneration, cervical spine spondylosis with upper extremity radiculitis, bilateral shoulder impingement syndrome, torn right rotator cuff, left knee pain with chondromalacia of the patella, multilevel lumbar degenerative disc disease, neuropathic pain in the left shoulder and left lower extremity, lumbar spondylosis with facet arthropathy and lumbar neuroforaminal stenosis. Treatment to date has included medications, radiological studies, MRI, chiropractic treatments, acupuncture treatments, left knee surgery and four right shoulder surgeries. Current documentation dated May 7, 2015 notes that the injured worker reported low back, bilateral shoulder and left knee pain. The pain was rated a 5-6/10 on the visual analogue scale with medications. Examination of the bilateral shoulders revealed tenderness bilaterally and hypersensitivity and a positive impingement sign in the left shoulder. Examination of the lumbar spine revealed tenderness and a decreased and painful range of motion. Special orthopedic testing revealed a positive Spurling's test and a positive Patrick's test on the left. A straight leg raise test was negative bilaterally. The treating physician's plan of care included a request for the compounded medication: Dendracin Lotion 240 ml (Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol 10%).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Neurodendracin 240ml (Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol USP 10%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Topical analgesics.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. The MTUS does not discuss Menthol therefore; the Official Disability Guidelines were referenced. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Therefore, the request for the compounded medication Dendracin Lotion 240 ml is not medically necessary.