

<b>Case Number:</b>	CM15-0042345		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/24/1998
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

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 injured worker is a 55 year old male, who sustained an industrial injury on 08/24/1998. The injured worker is currently diagnosed as having lumbar failed back syndrome, muscle spasm, radiculopathy, and cervical failed back syndrome. Treatment and diagnostics to date has included cervical spine MRI, neck surgery, multiple back surgeries, stay at a detoxification facility, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported requesting authorization for topical Dendracin for his muscle aches and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin 0.025% 30% 10% lotion 120grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 09/08/2014 report, this patient presents with neck pain and low back pain with "little change in his symptoms since the previous visit." The request for authorization is on 02/02/2015 and the patient's work status is "working as a salesman." The current request is for Dendracin 0.025% 30% 10% lotion 120grams. Dendracin Cream contains methyl salicylate/benzocaine/menthol. For salicylate, a topical NSAID, the MTUS Guidelines state that topical NSAIDS are indicated for peripheral joint arthritis and tendinitis and not for axial spinal pain. In this case, the requested Dendracin lotion is not supported for the treatment of this patient's chronic neck and lower back condition. The patient does not meet the indication for a topical NSAID as the patient does not present with peripheral joint arthritis/tendinitis problems. Therefore, the current request IS NOT medically necessary.