

<b>Case Number:</b>	CM15-0062676		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40-year-old male, who sustained an industrial injury on 06/10/2013. He has reported subsequent neck and wrist pain and headaches and was diagnosed with post concussion syndrome, cervical radiculitis and carpal tunnel syndrome. Treatment to date has included oral and topical pain medication and chiropractic therapy. In a progress note dated 08/15/2014, the injured worker complained of neck, back, foot and wrist pain. No physical examination was performed. There is was no medical documentation submitted that pertains to the current treatment request for Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Dendracin (DOS: 9/15/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

**Decision rationale:** Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin. Furthermore, it is no clear from the records that the patient failed oral first line therapies such as anticonvulsivant or developed unacceptable adverse reactions from the use of these medications. Therefore, the retrospective request of Dendracin is not medically necessary.