MAXIMUS Federal Services

| Case Number: | CM15-0075645 | | |
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| Date Assigned: | 04/27/2015 | Date of Injury: | 03/21/2008 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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 50 year old male who sustained an industrial injury on 01/15/2007. Current diagnoses include cervical radiculopathy, lumbar radiculopathy, cervical disc protrusion, history of bilateral carpal tunnel syndrome, history of bilateral shoulder rotator cuff tears, and history of bilateral knee osteoarthritis. Previous treatments included medication management. Previous diagnostic studies include an MRI. Report dated 06/05/2014 noted that the injured worker presented with complaints that included upper back pain with radiation with associated numbness and tingling and muscle spasms in the neck, headaches, severe back and leg pain with radiation and associated numbness and tingling. Pain level was 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for a trial of cervical epidural steroid injection, lumbar epidural steroid injection, and evaluation by a cardiologist, continue with Oxycontin, Fexmid, Protonix, Norco, continue to reduce wellbutrin, continue with butalbital, caffeine and APAP for headaches, follow up for psychiatric mental conditions, and follow up in 30 days to assess functional status and renew medications. Disputed treatments include retrospective Dendracin (DOS 06/05/2014).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Dendracin (DOS 06/05/2014):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** Based on the 06/05/14 progress report provided by treating physician, the patient presents with neck and upper back pain radiating down both arms associated with numbness and tingling, and back and leg pain radiating down both legs with numbness and weakness, rated 7-8/10. The request is for RETROSPECTIVE: DENDRACIN (DOS 6/5/14). RFA not provided. Patient's diagnosis on 06/05/14 included cervical radiculopathy secondary to cervical disc herniation, lumbar radiculopathy secondary to lumbar disc herniation; and history of bilateral carpal tunnel syndrome, bilateral rotator cuff tendinitis, and bilateral knee osteoarthritis. Patient medications include Oxycontin, Fexmid, Protonix, Norco, Wellbutrin, Butalbital, and APAP. Dendracin lotion is a compound topical cream that includes menthol methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. MTUS Guidelines page 111 has the following regarding topical creams: Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 60-61 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. Treater has not provided reason for the request nor indicated what body part would be treated. Dendracin contains Salicylate. The NSAID portion of this topical would be indicated for patient's knee osteoarthritis. However, it is not recommended for axial spine or radicular pain, which has been documented with the request. Furthermore, treater has not discussed efficacy of this topical medication. MTUS requires documentation of efficacy or functional improvement attributed to medications. This retrospective request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.