

<b>Case Number:</b>	CM15-0092608		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency 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 56-year-old female, who sustained an industrial injury on 1/18/2012. She reported a physical altercation resulting in falling down stairs landing face down with injuries to the head, neck, left shoulder, arm, hand and wrist. She was initially diagnosed with a displaced left arm fracture and underwent an open reduction internal fixation (ORIF) on 1/30/12. Diagnoses include reflex sympathetic dystrophy of upper limb, hand pain, shoulder pain, and carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. She recently had been enrolled into a functional restoration program. Currently, she complained of pain in the left shoulder, bilateral wrists and hands with numbness in bilateral fingertips. She reported completing three weeks of a functional restoration program recently. On 4/20/15, the physical examination documented limited range of motion with decreased grip strength bilaterally. The plan of care included Dendracin topical cream (Voltaren topical gel 1%) topically four times a day with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Cream:** Upheld

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

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

**Decision rationale:** The requested Dendracin Cream is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain in the left shoulder, bilateral wrists and hands with numbness in bilateral fingertips. She reported completing three weeks of a functional restoration program recently. On 4/20/15, the physical examination documented limited range of motion with decreased grip strength bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria not having been met, the request for Dendracin Cream is not medically necessary.