

<b>Case Number:</b>	CM15-0095928		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Alabama, 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 51 year old female who sustained an industrial injury on July 20, 2010. She has reported pain of the cervical spine and has been diagnosed with cervical spine sprain/strain with right upper extremity radicular symptoms secondary to C5-C6 herniated nucleus pulposus, cervical stenosis moderate C5-6 with spinal cord flattening and neuroforaminal stenosis, C4-5 1 mm broad disc bulge with mild spinal cord flattening per MRI, status post right shoulder arthroscopy with manipulation and extended debridement of adhesions, status post right shoulder, manipulation, arthroscopic extensive debridement, release adhesions, acromioplasty, resection of distal clavicle and repair of rotator cuff, multilevel lumbar degenerative disc disease, status post L4 through S1 fusion, residual low back pain and left lower extremity radiculopathy, L5-S1 3-4 mm left foraminal and lateral extradural defect contributing to left foraminal compromise touching the left L5 nerve root per MRI, evidence of chronic L5-S1 radiculopathy on the left, and left hip sprain/strain. Treatment included physical therapy, medical imaging, surgery, and medications. Examination of the cervical spine revealed diffuse tenderness from C1 to T1 with plus one muscle spasms. There was a positive Spurling's test. Flexion was at 30 degrees, extension was at 30 degrees, right rotation was at 50 degrees, and left rotation was at 50 degrees. The treatment request included Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion trial #120ml with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

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

**Decision rationale:** Dendracin is formed by methyl salicylate, menthol 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 not 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, Dendracin lotion trial #120ml is not medically necessary.