

<b>Case Number:</b>	CM15-0097296		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54-year-old female, who sustained an industrial injury on 10/14/2003. She reported injury from repetitive motions. The injured worker was diagnosed as having bilateral carpal tunnel syndrome with bilateral surgical release, neuralgia/neuritis/radiculitis and bilateral ulnar nerve release with a repeat repair on the right side. There is no record of a recent diagnostic study. Treatment to date has included multiple surgeries, physical therapy and medication management. In a progress note dated 4/28/2015, the injured worker complains of bilateral elbow pain that is 5/10 with medications and 9/10 without medications. She also notes pain over the cervical, thoracic and lumbar spine with stiffness, numbness and tingling shooting down the bilateral upper extremities. Physical examination showed cervical/thoracic/lumbar myofascial tenderness and tenderness over both elbows. The treating physician is requesting Dendracin lotion 120 ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin Lotion 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-194; 287-328, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dendracin lotion 120 ML is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin contains methyl salicylate, benzocaine and menthol. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Diclofenac is the only FDA approved topical analgesic. In this case, the injured worker's working diagnoses are status post bilateral carpal tunnel syndrome; status post bilateral ulnar nerve release and transposition; persistent neuropathic pain bilateral upper extremities; status post repeat ulnar nerve release and transposition on the right January 6, 2010; cervicalgia with myofascial pain and spasm; and vision problems, eye infection and xerostomia secondary to medication. In November 25, 2013, progress note shows the injured worker was using gabapentin and Dendracin for neuropathic symptoms involving the bilateral upper extremities. There was no documentation indicating objective functional improvement with either Dendracin or Gabapentin. In a November 5, 2014 progress note, Dendracin was listed in the previously failed section of the medical record and was not authorized. A similar request with denial was made January 7, 2015. The request for authorization is dated May 6, 2015. A progress note dated April 28, 2015 shows the treating provider continued gabapentin and was going to "retrial Dencracin". There is no documentation indicating failed treatment with first-line anticonvulsants and antidepressants. Moreover, the injured worker continues to use gabapentin without evidence of objective functional improvement. Diclofenac is the only topical analgesic approved by the FDA. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Dendracin lotion 120 ML is not medically necessary.