

<b>Case Number:</b>	CM13-0003164		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year-old male who was injured on 5/22/2007. He has been diagnosed with s/p left shoulder open rotator cuff repair with subacromial decompression and left distal clavicle excision on 4/9/12, left elbow lateral epicondylitis, left elbow cubital tunnel syndrome, left wrist carpal tunnel syndrome (CTS) symptoms, electrodiagnostic evidence of bilateral CTS, and evidence of mild ulnar neuropathy at the elbow and wrist, electrodiagnostic evidence of bilateral chronic L4/5 radiculopathy and electrodiagnostic evidence of possible bilateral S1 root involvement. According to the 5/28/13 orthopedic report from [REDACTED], the patient presents with 2-3/10 pain in the left shoulder, elbow and wrist. He wants to return to work. He is taking Suboxone, Gabapentin and Soma and has been using Dendracin cream which helps decrease pain and increase his function. The physician did not quantify the pain reduction or discuss what function has improved. He requests continue use of the Dendracin cream and for a left shoulder functional capacity evaluation to evaluate for work restrictions. On 7/12/13 UR recommended non-certification for the Dendracin cream and functional capacity evaluation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION 60ML:** 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 Page(s): 111-113.

**Decision rationale:** The patient presents with 2-3/10 left shoulder, elbow, wrist and hand pain. Dendracin is Methyl Salicylate, Benzocaine and Menthol and Dendracin Neurodendraxin is Capsaicin, Menthol and Methyl Salicylate. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The California MTUS has support for methyl salicylate under the topical salicylate section. MTUS does not specifically discuss Benzocaine, but under topical analgesics states: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The available record back through 2/13/13 show the patient has tried Gabapentin and Amitriptyline. Benzocaine may be an option. The California MTUS did not specifically discuss Menthol, so ODG guidelines were consulted. ODG lists Menthol as the active ingredient in Biofreeze, and states it is a cryotherapy gel and is recommended for acute pain and takes the place of ice packs. The patient's left arm condition is not in the acute phase. The use of Menthol for chronic pain is not in accordance with ODG guidelines. Therefore any compounded topicals that contain menthol would not be recommended.

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, Chapter 7.

**Decision rationale:** The patient presents with 2-3/10 left shoulder, elbow, wrist and hand pain. range of motion is essentially normal, as is strength. The patient wants to go back to work, but his employer will not allow him to return to his job unless he is full duty. The physician requested an FCE. The California MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.

