

Case Number:	CM13-0015199		
Date Assigned:	10/07/2013	Date of Injury:	05/02/2013
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 53-year-old male who reported an injury on 5/2/12. He is currently diagnosed with cervical spondylosis without myelopathy, rotator cuff sprain and strain, adhesive capsulitis of the shoulder, and other affections of the shoulder region. The patient was recently seen by [REDACTED] on 9/27/13; physical examination revealed 180 degree abduction, 170 degree active flexion, 5 degree internal rotation, and 4/5 strength. The patient also demonstrated mild painful arc of motion. Treatment recommendations included an injection of Kenalog and Marcaine, continuation of physical therapy and home exercise program, and continuation of the current TENS treatment and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Neurodendraxcin, 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin lotion contains capsaicin, menthol, and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments; it is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis, fibromyalgia, or chronic back pain. There is also no evidence of a failure to respond to previous oral medications prior to the initiation of a topical analgesic. The California MTUS Guidelines further state any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Based on the clinical information received, the request is non-certified.