

Case Number:	CM13-0061967		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	06/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine 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:

The patient is a 56 year old female who was injured on 11/01/2011. Mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the right shoulder dated 10/10/2012 revealing acromioclavicular joint arthropathy. MRI of the left shoulder dated 10/10/2012 revealing acromioclavicular arthropathy. An EMG/NCV of the cervical spine and upper extremities dated 04/03/2013 revealed a normal study. Pain Management Consultation dated 08/21/2013 documented the patient with complaints of constant right shoulder pain rated 6/10. She also complained of intermittent right wrist pain rated 4/10 on VAS without medications and 2-3/10 with medications. PR-2 dated 12/06/2013 documented the patient with complaints of intermittent minimal left shoulder tightness, aches and soreness a 1-2/10, constant moderate right shoulder sharp, tight and achy 6/10, frequent moderate right wrist achy, sharp pain and tingling 6/10, occasional left wrist soreness and aches 2/10, and constant severe right arm sharp, achy and tight a 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNOVACIN 500 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the CA MTUS guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document the patient is diagnosed with bilateral shoulder derangement and right wrist sprain/strain. The medical records do not establish the existence of moderate osteoarthritis pain. Further, the medical records show no improvement in function and pain level with use of glucosamine supplementation. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

DENDRACIN 120 MLS: Upheld

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

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

Decision rationale: According to the references, Dendracin lotion is a compound topical containing methyl salicylate, benzocaine, and menthol. According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The medical records do not demonstrate failure or exhaustion of standard interventions, such as oral medications, ice/heat, activity modification, and physical methods. The guidelines do not document recommendation for benzocaine. In addition, the medical records do not demonstrate a trial of this topical compound had led to clinically significant reduction in pain and medication use and improved function. Topical NSAIDs are only recommended for short-term use. Long-term efficacy is not established. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.