

Case Number:	CM13-0063078		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2009
Decision Date:	05/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The patient is a 64 year old female with date of injury 2/6/09. The treating physician report dated 10/30/13 indicates that the patient presents with chronic pain affecting the left shoulder, back, neck, headaches and sleeping problems. The current diagnoses are: 1.Left shoulder impingement 2.Rotator Cuff tendinitis 3.Adhesive capsulitis

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: There are no prescriptions for any medications. In reviewing the 81 pages provided for this review there are only 2 treating physician reports dated 10/30/13 and 12/13/13. Neither of these reports prescribes any medications. MTUS does recommend NSAIDS for first line treatment to reduce pain. The treater does not prescribe any medications so it is impossible recommend Anaprox without a valid prescription. Furthermore, MTUS page 60 requires that

pain and function be documented for use of medication for chronic pain. In this case, no such discussions are provided regarding Anaprox. Recommendation is for denial.

ELAVIL 25MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: MTUS does recommend Elavil (Amitriptyline) for first line treatment to reduce fibromyalgia pain, and chronic pain. In this patient, there is no prescription for Elavil and no documentation as to the medication's efficacy. MTUS page 60 requires documentation of pain and function when medication is used for chronic pain. Recommendation is for denial.

DENDRACIN ANALGESIC CREAM 120ML FOR THE LEFT SHOULDER/MEDICALLY DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Dendracin is a compound topical analgesic made of Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol USP 10%. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that no studies have been performed on Capsaicin .0375% formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The treater does not prescribe any medications in the two reports provided for review. MTUS does not support Capsaicin formulation in greater concentration than 0.025%. MTUS does not support topical NSAIDs (Salicylate in this case) for any condition other than peripheral joint arthritis/tendinitis which this patient does not present with. Recommendation is for denial.