

Case Number:	CM13-0065064		
Date Assigned:	01/03/2014	Date of Injury:	12/09/2010
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported injury on 10/09/2010 due to cumulative trauma while performing normal job duties. The injured worker developed chronic pain that was managed with medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 08/20/2013. It was documented that the injured worker had 8/10 in the left thumb area and neck. The injured worker's diagnoses included left wrist carpal tunnel syndrome, left wrist postoperative SNP, thumb sprain/strain, left thumb SNP, right thumb sprain/strain, and right thumb/wrist post SNP. Synovacin for joint health and Dendracin topical cream was added to the injured worker's medication in an attempt to reduce medication intake and promote joint health. The injured worker was again evaluated on 10/15/2013. It was documented that she had continued pain of the right thumb, left thumb and neck. The injured worker's treatment plan included continuation of medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO SYNOVACIN 500MG #90: Upheld

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

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

Decision rationale: The California MTUS guidelines do recommend the use of glucosamine to support joint health for injured workers with osteoarthritic changes. However, MTUS guidelines recommend ongoing use of medications in the management of chronic pain to be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker takes this medication with a goal of reducing medication intake. There is no documentation that the injured worker has had any reduction in medication as a result of the use of this medication. Additionally, there is no documentation of functional benefit or evidence of pain relief as a result of the use of this medication. Also, the request as it is submitted does not provide a frequency of treatment. The retrospective request for Synovacin 500 mg #90 is not medically necessary and appropriate.

RETRO DENDRACIN 120ML TOPICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

Decision rationale: California MTUS guidelines recommend the use of menthol and methyl salicylate in the management of osteoarthritic related pain. However, the requested medication also contains Capsaicin. The use of Capsaicin should be restricted to patients who have failed all other first line chronic pain management treatments. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line medications to include antidepressants and anticonvulsants. The retrospective request for Dendracin 120 ml topical is not medically necessary and appropriate.