

Case Number:	CM14-0005316		
Date Assigned:	01/24/2014	Date of Injury:	03/18/2008
Decision Date:	09/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/14/2014

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:

Patient is a 41 year-old female with date of injury 03/18/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/04/2013, lists subjective complaints as pain in the left upper extremity. Objective findings: Examination of the left upper extremity revealed global weakness and significant disuse atrophy and discoordination of all motor groups. Sensory exam revealed hypersensitivity to light touch throughout the entire left upper extremity and shoulder. There was tenderness to mild palpation. Diagnosis: 1. Left upper extremity CRPS type II 2. Status postoperative left humerus mid fracture ORIF, left radius and left ulnar fracture 3. Left radial nerve palsy secondary to humerus fracture 4. Chronic cervical myoligamentous injury 5. Posttraumatic left shoulder arthrofibrosis 6. Depression/anxiety 7. Right wrist overuse syndrome 8. Lumbar myoligamentous injury 9. Medication induced gastritis. The medical records supplied for review document that the patient has been taking Dendracin for at least 4 months and Synovacin was not prescribed until the request for authorization on 11/04/2013. Medications: 1. Synovacin glucosamine 500mg, #902. Dendracin Topical analgesic cream No SIG given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin Glucosamine 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: According to the MTUS, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). There is no documentation that the patient has osteoarthritis of knee. Glucosamine is not medically necessary.

Dendracin topical analgesic cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Dendracin is Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Dendracin is not medically necessary.