

Case Number:	CM14-0011973		
Date Assigned:	02/21/2014	Date of Injury:	03/24/2010
Decision Date:	07/17/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The patient is a 63-year-old male with a 3/24/2010 date of injury. He was injured at work when he was struck by a metal tube in the back of his head and he suffered a concussion. In a 12/10/13 progress report, the patient' relevant subjective complaints included constant tightness, tingling, and aches in the neck rated 7/10, in the right shoulder rated 6/10, and in the bilateral knees rated 6/10. Intermittent loss of sight in the right eye with aches and headaches rated 8/10 were reported. Relevant objective findings included pain in all planes of cervical spine motion with limited flexion measured at 60 degrees. Tenderness to palpation was reported in the upper trapezius, rhomboids, and suboccipital musculature bilaterally. Impingement sign was positive. Tenderness to palpation was noted in the biceps, deltoid, and acromioclavicular joint bilaterally. Diagnostic impression: post concussive cephalgia, visual disturbances, cervical sprain/strain, right shoulder sprain/strain, and anxiety/stress. Treatment to date: medication management, activity modification. A UR decision dated 12/31/13 denied the request for Synovacin (glucosamine sulfate). It does not appear that the use of Synovacin was medically indicated. The current guidelines support its use in the treatment of arthritis pain especially knee osteoarthritis. While the submitted records indicate that the patient was being treated for chronic musculoskeletal pain, the patient had no diagnoses for which glucosamine use would have been supported. The request for Dendracin was also denied. MTUS does not recommend the use of local anesthetics in topical compound formulations.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF SYNOVACIN 500MG

#90: Upheld

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

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

Decision rationale: The CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. CA MTUS addresses the combination of Glucosamine and Chondroitin Sulfate but not Glucosamine as a single ingredient. There is no documentation that the patient has been diagnosed with osteoarthritis. It is unclear if this is a new prescription, or if the patient has been on this medication long-term. If he has been on it long-term, there is no documentation of functional improvement gained from the use of Glucosamine. Therefore, the Retrospective Request For One Prescription Of Synovacin 500mg #90 was not medically necessary.

RETROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF DENDRACIN 120ML:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Federal Drug Administration.

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of a lotion formulation increases the risk of systemic toxicity from the anesthetic. A specific rationale identifying why Dendracin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Retrospective Request for one prescription of Dendracin 120 ml was not medically necessary.