

Case Number:	CM14-0014201		
Date Assigned:	02/26/2014	Date of Injury:	02/04/1994
Decision Date:	07/25/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 44-year-old male who has submitted a claim for right shoulder impingement with periscapular strain / sprain and instability, left shoulder dislocation status post arthroscopy associated with an industrial injury date of 02/04/1994. Medical records from 2012 to 2013 were reviewed. Patient complained of persistent bilateral shoulder pain, graded 7-8/10 in severity, and relieved to 5-6/10 upon intake of medications. Physical examination of both shoulders showed weakness and restricted range of motion on all planes. Treatment to date has included left shoulder arthroscopy in 2006, physical therapy, and medications. Utilization review from 01/30/2014 denied the requests for Elocon topical lotion 17.45 gm because there was no objective evidence of a dermatological condition for which continued application of the corticosteroid agent might be considered necessary; and denied Dendracin topical lotion 120 mL because there was no evidence of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendacrin Topical Lotion 120mL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Salicylate; Topical Analgesics Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation (ODG), Pain Section, Topical Salicylate.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin Cream contains three active ingredients, which include: Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol 10%. Regarding Capsaicin in a 0.0375% formulation, CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, patient has been using topical medications since February 2013. Progress report from December 2012 showed that patient had acid reflux symptoms. However, most recent records failed to provide evidence of persistence gastric complaint necessitating topical drugs. Moreover, the requested medication contains drug components that are not recommended. Lastly, there was no evidence of pain relief from Dendracin despite chronic use. Therefore, the request for Dendracin Topical Lotion 120mL is not medically necessary.

Elocon 17.45gm Topical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Corticosteroid cream.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. It states that topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. This medication is being prescribed to help with surface sensitivity or scar formation. In this case, patient has been using Elocon since 2012. However, there is no evidence of any recent surgical incisions or dermatologic complaints, such as pruritus. There is likewise no significant physical examination finding pertaining to skin. There is no documented rationale for this medication. Therefore, the request for Elocon 17.45gm Topical is not medically necessary.