MAXIMUS Federal Services

| Case Number: | CM14-0016113 | | |
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| Date Assigned: | 06/04/2014 | Date of Injury: | 03/24/2003 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

## 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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine 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 52-year-old female injured on 03/24/2003 when bending over while carrying heavy stacks of folders after standing for hours in front of the computer wearing high heels; she felt a pinch and pain in the lower back. Current diagnoses include piriformis syndrome, sacroiliac joint sprain/strain, myofasciitis, and radiculitis. Clinical note dated 01/10/2014 indicated the injured worker presented complaining of frequent, moderate low back pain with sharp spasms radiating down the left leg rated at 6/10. Physical examination revealed decreased range of motion, tenderness to palpation over the lumbar spine musculature bilaterally, positive Elys and iliac compression on the left, and positive straight leg raise bilaterally. Treatment plan included referral to orthopedic surgeon, continuation of home stretching and exercise program, and prescriptions for Synovacin and Dendrocin for topical use. EMG/NCS of the left lower extremity performed on 12/12/12 was noted to be normal with no evidence of peripheral neuropathy or active lumbar radiculopathy to the left lower extremity. MRI the lumbar spine performed on 10/29/12 revealed minimal degenerative disc disease with minimal asymmetric right disc bulging at L3, L4, L5 without central canal narrowing or neural foraminal stenosis, and moderate lower lumbar degenerative joint disease without neuroforaminal narrowing. Documentation indicates injured worker evaluated on 11/06/12 by arrowhead orthopedics for diagnosis of chronic low back pain and leg pain with recommendation to transfer care to pain management. The initial request for referral to pain management or orthopedic surgeon, retrospective Synovacin 500 mg, #90 date of service 1/10/14, and Dendracin 120ml was initially noncertified on 1/27/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO PAIN MANAGEMENT OR ORTHOPEDIC SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),2nd Edition, pages 92 and 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Online Version, Low back Complaints, Follow-up visits.

**Decision rationale:** As noted in the Low back complaints section of CA MTUS, follow-up evaluations should occur no later than 1 week into the acute pain period. ACOEM indicates, at the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. The documentation indicates the injured worker was evaluated by orthopedic specialist and pain specialist in November of 2012 with referral to primary care physician. There is no indication in the documentation that the injured worker has had a significant alteration in her status, acute injury, or requires treatment out of the scope of the primary care provider. Additionally, the request did not specify the intent for referral and issues to be addressed. As such, the request for referral to pain management or orthopedic surgeon is not medically necessary.

**RETROSPECTIVE SYNOVACIN 500MG, #90 (DOS 1/10/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** As noted on page 50 of the Chronic Pain Medical Treatment Guidelines,. Synovacin is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is no indication in the documentation that the injured worker has been diagnosed with osteoarthritis of the knee necessitating the use of glucosamine. As such, the request for Synovacin 500MG, #90 (DOS 1/10/14) is not medically necessary.

**DENDRACIN 120ML (DOS: 1/10/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cd/dendracin-lotion.html.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Dendracin is noted to contain capsaicin, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Dendracin 120ML (DOS: 1/10/14) is not medically necessary.