

<b>Case Number:</b>	CM14-0028036		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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 68 year old female with a date of injury on 1/1/2004. The Diagnoses include complex regional pain syndrome, status post right epicondylectomy, right ulnar neuropathy, cervical spine strain, right shoulder impingement syndrome, and left shoulder internal derangement. Subjective complaints are of left shoulder pain, and pain in the neck, right shoulder, and right upper extremity. Physical exam shows tenderness in the posterior cervical musculature, multiple trigger points, and decreased range of motion. The shoulders had decreased range of motion and left shoulder tenderness. Sensation was decreased along the left arm and forearm. Medications include Ultram ER, Motrin, Prilosec, Synovacin, Neurontin, Lidoderm, Fexmid, and Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) TUBE OF DENDRACIN 120 ML CREAM BETWEEN 1/31/2014 AND 3/17/2014:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** Dendracin is a compounded medication that includes methyl salicylate, menthol, and benzocaine. The California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine/benzocaine are indicated. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to menthol and benzocaine not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Dendracin not being in compliance to current use guidelines the requested prescription is not medically necessary.

**90 TABLETS OF SYNOVACIN 500 MG BETWEEN 1/31/2014 AND 3/17/2014:** 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 GLUCOSAMINE Page(s): 50.

**Decision rationale:** The California MTUS recommends Glucosamine (Synovacin) as an option given its low risk, in patients with moderate arthritis pain, especially osteoarthritis. Comprehensive review of the medical record did not identify a supporting diagnosis of osteoarthritis. The record also did not contain reference to any functional improvement with this supplement. Therefore, the request is not medically necessary.