

Case Number:	CM14-0055197		
Date Assigned:	07/09/2014	Date of Injury:	02/17/1997
Decision Date:	08/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported injury on 02/17/1997. The mechanism of injury was not submitted in report. The injured worker complained of left shoulder and upper arm pain. The injured worker underwent a left stellate ganglion block on 03/17/2004. He was noted to have 60% improvement in the left shoulder pain following the injection. He stated he still had some burning electrical type symptoms. He also stated to have some numbness and tingling in the distal left upper extremity. There was no measurable level of pain documented in the summary. On physical examination dated 04/07/2014 of the cervical spine, it was noted that there was mild myofascial tenderness in the left cervical paraspinal musculature. There was no palpable muscular spasm present. Examination of the right shoulder revealed that there was tenderness over the anterior aspect as well as over the subacromial bursa. Range of motion was restricted by pain. Shoulder examination revealed negative allodynia over the deltoid region as compared to prior to the stellate ganglion block. Range of motion was limited as the injured worker was apprehensive to move the left arm. There was a negative Tinel's distally bilaterally. There was weakness with the left deltoid 4/5. There was hypoesthesia in the left C7 dermatome. The injured worker was guarding his left shoulder. The MRI of the cervical spine dated 10/11/2013 revealed bilateral neural foraminal stenosis at C4 through C7. The injured worker has diagnoses of cervical sprain/strain with cervical degenerative disc disease, bilateral neural foraminal stenosis C4 through C7, status post left shoulder arthroscopic, status post rotator cuff repair x2 on both left and right shoulders, mild acute C5-6 radiculopathy on the left per electro diagnostic study done on 11/04/2010, complex regional pain syndrome bilateral upper extremities, status post opioid detoxification and history of Ambien addiction. Past medical treatment includes epidural steroid injections, physical therapy, psychotherapy sessions, detoxification, medication therapy, and ganglion blocks. Medications include gabapentin 600

mg 2 tablets at bedtime, Cymbalta 60 mg daily, and tramadol 50 mg 2 times a day as needed. The current treatment plan is for Dendracin topical lotion. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin topical lotion #120ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline Workers Compensation Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker complained of left shoulder and upper arm pain. The injured worker underwent a left stellate ganglion block on 03/17/2004. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The MTUS guidelines also state that 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 this treatment modality has been inconsistent and most studies are small and of short duration. Recommended for short-term use (4-12 weeks). Given the above, the request for Dendracin exceeds the guidelines of MTUS. Dendracin is a compounded topical cream containing methyl salicylate 30%, capsaicin 0.0375%, and menthol USP 10%. There have been no studies of a 0.0375 formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, guidelines state that a topical such as Dendracin should only be recommended after there have been submitted reports that the injured worker had tried and failed any antidepressants or anticonvulsants. There was no such evidence in the submitted reports. There was also no evidence of failed conservative care. As such, the request for Dendracin topical lotion 120ml is non-certified.