

<b>Case Number:</b>	CM14-0063756		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 31 year old male with an industrial injury dated 10/18/2013. The mechanism of injury is documented as lifting an empty pallet and in the process of placing it down to the floor he felt a pop on his right shoulder. He presented on 03/19/2014 with complaints of right shoulder and neck pain. Physical exam revealed tenderness and myospasm over bilateral paracervical muscles and bilateral trapezius muscles. There was tenderness palpable over the right acromioclavicular joint, right subacromial region with tenderness and myospasm palpable over the right rotator cuff muscles. The impingement and supraspinatus tests were both positive in the right shoulder. Prior treatment includes acupuncture and medications. Diagnoses: Shoulder internal derangement, Shoulder rotator cuff syndrome, Cervical radiculopathy, Cervical spine sprain/strain, Insomnia, Depression. On 04/22/2014 the request for shockwave therapy, 3 sessions over the right shoulder was denied by utilization review. MTUS, ACOEM and ODG were cited. Dendracin for topical use (no specifics given) was also denied. MTUS and ODG were cited. The request for Synovacin for topical use (no specifics given) was denied. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin for topical use no specifics given: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) 2009 Chronic Pain pg. 105; pages 111-113. Official Disability Guidelines Treatment Index 12th edition (web) 2014 Pain, Salicylate topical Page(s): 105; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** Regarding request for Dendracin, Dendracin is a combination of methyl salicylate, menthol, and benzocaine. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical benzocaine. In the absence of clarity regarding those issues, the currently requested Dendracin is not medically necessary.

**Shockwave Therapy, 3 sessions over the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) 2009 American College of Occupational and Environmental Medicine Occupational Medical practice Guidelines Second Edition(2004) chapter 9 pg 203 Official Disability Guidelines Treatment Index 12th edition (web) 2014 shoulder, Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Within the documentation available for review, there is no identification of a diagnosis of calcified tendinitis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.

