

Case Number:	CM15-0140550		
Date Assigned:	07/30/2015	Date of Injury:	10/21/2013
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

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 44 year old female who sustained an industrial/work injury on 10-21-13. She reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having chronic left shoulder pain, status post surgery. Treatment to date includes medication, surgery (left shoulder arthroscopy with subacromial decompression and complete bursectomy on 4-25-14). Currently, the injured worker complained of left shoulder pain rated 3-6 out of 10. It was described as crampy, on and off, throbbing, and burning predominantly in the anterior aspect around the acromioclavicular joint and deltoid muscle. Per the primary physician's report (PR-2) on 6-5-15, exam noted alignment of the shoulder was well preserved, well healed surgical scars, moderate to severe pain with palpation over the acromioclavicular joint and the rotator cuff anteriorly, range of motion was diminished with flexion and extension, internal rotation was at 70 degrees, motor strength was 5 out of 5. Current plan of care included topical analgesic use due to medical history. The requested treatments include Dendracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/8738567.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2013 and is being treated for left shoulder pain after a subacromial decompression in April 2015. When seen, there had been improvement after surgery. Medications were lisinopril, Tylenol, and omeprazole. There was severe rotator cuff and acromioclavicular joint tenderness. There was decreased range of motion and normal strength. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine which, can be recommended for localized peripheral pain. In this case, the claimant has not failed a trial of topical lidocaine or of over the counter medications such as Ben-Gay or Icy Hot. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.