

Case Number:	CM15-0162236		
Date Assigned:	08/28/2015	Date of Injury:	11/30/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male who presented with cumulative an industrial injury November 30, 2011. Diagnoses have included subacromial bursitis to the left shoulder, AC joint arthritis, anterior and posterior labral tearing, and, pain in the joint-shoulder region. Documented treatment includes left shoulder arthroscopic subacromial decompression, debridement of the glenohumeral joint, and distal clavicle excision surgery May, 2013; cortisone injection; and, medication including Nabumetone, Dendracin lotion, Cymbalta, and Trazadone, reported to help bring pain from 7 to 3 out of 10. Vicodin was reported as being ineffective, and the treating physician's plan of care includes Voltaren and Dendracin which was non-certified August 18, 2015. The injured worker continues to present with left shoulder pain with limited range of motion including abduction at 75 degrees and adduction at 40 degrees, and increased right shoulder pain stated in the August 11, 2015 office note to be due to compensation. He is on modified duty but report August 11, 2015 states "he has not worked since 2011."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Dendracin lotion 0.025-30-10% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Dendracin contains .0375% Capsaicin, 30% MethylSalicylate and 10% Menthol. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of Capsaicin than is medically necessary. In addition, the claimant was also prescribed another topical compound containing NSAIDS as well (similar to Methy Salicylate) As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Dendracin is not medically necessary.