

Case Number:	CM15-0162527		
Date Assigned:	08/28/2015	Date of Injury:	11/26/2013
Decision Date:	09/30/2015	UR Denial Date:	07/09/2015
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: North Carolina

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 39 year old male who sustained a work related injury November 26, 2013, described as cumulative injury. Past history included left carpal tunnel release May, 2007. According to a treating physician's office visit, dated July 1, 2015, the injured worker presented with continued pain in the right shoulder, rated 7 out of 10. The pain travels down the right arm, anterior deltoid area. He had been diagnosed with a SLAP lesion with a super ceding overlying adhesive capsulitis. He has completed physical therapy and also was provided a shoulder cortisone injection without much noted benefit. His medication and lotion relieves the pain for approximately 2-3 hours at a time. The physician noted he is also having pain in the left shoulder, left GH (glenohumeral) joint and posterior scapular region. The last two fingers of both hands are noted to be numb and he is wearing braces at night and when driving. Current medication included Dendracin lotion, Pantoprazole, and Tramadol-acetaminophen. He is currently employed full time as a cook, making Sushi. Physical examination revealed; right shoulder-flexion limited to 155 degrees, abduction 150 degrees, Belly-press and Lift-off tests are positive; cervical spine- movement painful, right and left lateral bending beyond 25 degrees, and lateral rotation to the left beyond 35 degrees, Spurling's maneuver causes radicular symptoms. Diagnoses are carpal tunnel syndrome; sprains and strains of the shoulder and upper arm, not otherwise specified; pain in joint of shoulder. At issue, is the request for authorization for Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 1 bottle prescribed 6/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.