

Case Number:	CM15-0163761		
Date Assigned:	09/01/2015	Date of Injury:	06/24/2015
Decision Date:	09/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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 51 year old male who sustained an industrial injury on 06-24-15. Initial complaints include left shoulder pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, and tape. Diagnostic studies include a MRI of the left shoulder. Current complaints include left shoulder and elbow pain. Current diagnoses include shoulder pain, left ulnar nerve injury, lateral epicondylitis, bicipital tenosynovitis, rotator cuff syndrome, epicondylitis, and tendinitis. In a progress note dated 08-11-15 the treating provider reports the plan of care as medications including cyclobenzaprine and Dendracin Neurodendracin lotion. The requested treatment includes Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin (star Dendracin neurodendracin lotion, 0.025%, 10%, 30% 1 app, applied topically, 4 times a day prn, 30 days) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 injury on 06/24/15 and is being treated for left shoulder and left elbow pain. When seen, he was having radiating pain from his left shoulder and elbow to his fingers. He works as a bus driver and is unable to take many oral medications due to his job and does not want to take additional NSAID medication. When seen, medications included Dendracin Neurodendraxcin which was not providing him much benefit. Physical examination findings included a BMI of over 34. There was decreased shoulder range of motion and subacromial and subdeltoid tenderness. There was medial and lateral epicondyle and left brachioradialis tenderness. Medications were continued. Authorization for acupuncture and for cortisone injections was requested. Dendracin Neurodendraxcin is a combination of capsaicin and menthol. Menthol combined with methyl salicylate is 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. In this case, the claimant has not failed a trial of over the counter medications such as Ben-Gay or Icy Hot. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Dendracin Neurodendraxcin is not medically necessary.