

<b>Case Number:</b>	CM15-0209212		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 63 year old male, who sustained an industrial injury on 01-07-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain with multilevel disc disease, cervical strain or sprain, bilateral hip sprains with internal derangement, bilateral knee sprains, right elbow sprain, radiculitis, and myofasciitis. Medical records (04-13-2015 to 08-21-2015) indicate ongoing low back pain, right hip pain, right elbow pain, right knee pain, and right leg and foot pain. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS) for the low back, 5-6 out of 10 for the right hip, 3-4 out of 10 for the right elbow, and 2-5 out of 10 for the right lower extremity. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-21-2015, revealed restricted and painful range of motion (ROM) in the cervical spine, lumbar spine, hips and right knee, restricted ROM in the right elbow, tenderness to palpation over the cervical, upper and low back regions, tenderness to palpation over the right elbow, and tenderness over the right knee with clicking and popping. Relevant treatments have included: physical therapy (PT), chiropractic treatments, acupuncture, shockwave therapy, work restrictions, and medications (Synovacin and Dendracin lotion since 04-2015). The request for authorization (08-25-2015) shows that the following medications were requested: Synovacin 500mg #90 and Dendracin lotion 120ml. The original utilization review (09-24-2015) non-certified the request for Synovacin 500mg #90 and Dendracin lotion 120ml.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovacin 500mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Synovacin is glucosamine. Glucosamine is recommended as an option, in patients with moderate arthritis pain, especially for knee osteoarthritis. Multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee) have been completed and controversy on efficacy related to symptomatic improvement continues. Glucosamine may not be helpful for patients with osteoarthritis of the hip or knee, according to the results of a recent meta-analysis in BMJ, but the authors concluded the medication is not dangerous, and there is no harm in having patients continue the medication as long as they perceive a benefit and cover the costs of treatment themselves. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. Medical necessity has not been established. The request is not medically necessary.

**Dendracin lotion, 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information, Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain UpTiDate: Benzocaine, Drug informations.

**Decision rationale:** Dendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is a topical skin product that is available over the counter and used for the relief of dry itchy skin. It is recommended. Benzocaine is a topical anesthetic that is used in treating sunburn, bee stings and gums sore from teething. It is not recommended. This compounded medication contains drugs that are not recommended. Therefore, the medication is not medically necessary.