

<b>Case Number:</b>	CM15-0044227		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30-year-old male who sustained a work related injury May 15, 2013. Past history included left rotator cuff and left shoulder capsule injections with arthrogram under fluoroscopy, January 15, 2015. He was diagnosed with left shoulder sprain/strain with internal derangement, right arm radiculitis, past traumatic cephalgia; tear to the labrum and stress and anxiety. Over the course of care, he received; medication, pain management, referral to surgeon, psychosocial evaluation, shockwave therapy, x-rays, and home stretching and exercise program. According to a pain management progress report dated December 31, 2014, the injured worker presented with left shoulder pain, 7/10, without medication and 1-2/10 with medication and loss of sleep due to pain. Diagnoses included shoulder internal derangement; shoulder rotator cuff syndrome; shoulder sprain/strain; insomnia; hypertension. Treatment plan included dispensed Anaprox and Omeprazole, prescribed topical cream medications and re-submit request for left shoulder joint injection.

### 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 Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insuffisance evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Glucosamine is not medically necessary.

**Dandracin lotion 120mls:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsSalicylate topicals Section, page(s) 126 Page(s): 111.

**Decision rationale:** Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of dendracin. Furthermore, it is not clear from the records that the patient failed oral first line therapies such as anticonvulsivant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin lotion is not medically necessary.