

<b>Case Number:</b>	CM14-0163064		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old woman with a work related injury dated 10/28/12 resulting in chronic left wrist pain. An MRI of the left wrist done 3/2/13 showed avascular necrosis. She has been treated with oral and topical analgesic medications. The patient was evaluated by the primary treating physician on 9/10/14. She continues to complain of bilateral wrist numbness and pain and shoulder pain. The physical exam shows positive Phalen's test and Finkelsteins bilaterally with tenderness to palpation. The diagnoses include left wrist avascular necrosis, myofascitis, left carpal tunnel syndrome. The plan of care includes pain management consultation, chiropractic treatment and analgesic medications. Under consideration is the continued use of Synovacin 500 mg #90 and Dendracin topical 120 ml for pain. These medications were denied during utilization review dated 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovacin 500 mg, quantity requested: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 20.

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

**Decision rationale:** Synovacin is a medication containing Glucosamine as the active ingredient for chronic pain. According to the MTUS Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case there is no documentation that the patient has arthritis therefore it is not medically necessary.

**Dendracin topical 120 ml, quantity requested: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.dailymed.com](http://www.dailymed.com)

**Decision rationale:** According to [www.dailymed.com](http://www.dailymed.com) Dendracin topical contains three active ingredients including Capsaicin cream .0375%, methyl salicylate 30% and menthol 10%. Regarding Capsaicin cream the MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0375% formulation and there is no current indication that this increased concentration over a 0.025% formulation would provide any further efficacy. Indications for Capsaicin include osteoarthritis, fibromyalgia and chronic non-specific back pain but is considered experimental in very high doses. Therefore capsaicin cream is not medically necessary as there is no documentation that the patient has tried and failed other treatments and the prescribed concentration of capsaicin is considered experimental without proven benefit over lower concentrations. The MTUS is silent regarding menthol. Regarding methyl salicylate the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. However, the MTUS also states that regarding compounded topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore since Capsaicin topical is not medically necessary Dendracin topical #120 is not medically necessary.