

Case Number:	CM14-0218290		
Date Assigned:	01/08/2015	Date of Injury:	02/06/2012
Decision Date:	03/05/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old male sustained a work related injury on 2/6/2012. The mechanism of injury was reported to be injury from a fall. The current diagnoses are status post left shoulder surgery (3/2013) and Status post left elbow surgery (11/2012). According to the progress report dated 7/2/2014, the injured workers chief complaints were left elbow and shoulder pain, 5/10 on a subjective pain scale. The pain is described as sharp with pins and needle, tingling and numbness. He reports since his return to work, he has new symptoms where at the end of the day he has numbness over the left shoulder. His sleep is disturbed due to pain. The pain is worse with motion of the left arm and better with resting. The physical examination revealed tenderness to palpation over the left superolateral aspect of the shoulder joint. Range of motion was limited. Apley's scratch test is positive. Impingement test is positive. Stress testing of the anterior and posterior capsular structures reveals no evidence of shoulder instability or apprehension. The left elbow is tender over the lateral epicondyle which is aggravated with resistive wrist extension. The medication list was not specified in the records provided. The treating physician prescribed retrospective Dendracin lotion (DOS 9/3/2014), which is now under review. Work status is full-time without restrictions. On 12/23/2014, Utilization Review had non-certified a prescription for retrospective Dendracin lotion. The Dendracin lotion was non-certified based on the guidelines. Topical compound analgesics are not recommended. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dendracin Lotion (Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol USP 10%) (DOS:09/03/14): 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 Topical Analgesics Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Retrospective request for Dendracin Lotion (Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol USP 10%) (DOS: 09/03/14) is not medically necessary.