

Case Number:	CM15-0112197		
Date Assigned:	06/18/2015	Date of Injury:	08/06/2013
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 60-year-old female patient who sustained an industrial injury on 08/06/2013. Diagnoses include head contusion, right shoulder sprain/strain with derangement, left shoulder sprain/strain rule out derangement, cervical sprain/strain rule out intervertebral disc (IVD) displacement, lumbar sprain/strain with multilevel IVD, myofasciitis, radiculitis, lumbar listhesis L4 on L5 and lumbar degenerative joint disease. According to the progress notes dated 5/18/15, she had complaints of moderate neck pain, described as pinching, rated 5/10; constant severe right shoulder pain rated 6/10; constant severe upper and lower back pain rated 6/10; and constant moderate head pain rated 6/10. Physical examination revealed tenderness over the muscles of the upper and lower back with decreased, painful range of motion in the spine and bilateral shoulders, positive Impingement signs in both shoulders. Per the progress report from the treating provider, dated 04/20/2015, she had complains of frequent moderate neck pinching, rated at a 5 on a scale of 1 to 10; constant severe right shoulder aches, sharp pain, rated at a 6; frequent moderate left shoulder sharp pain, rated at a 5; constant severe upper back stabbing, rated at a 6; constant severe lower back shooting, throbbing, aches, rated at a 6; and constant moderate head pinching, throbbing, sharp pain, rated at a 6. Physical examination revealed cervical spine range of motion decreased and painful in all planes; tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital bilaterally; decreased right shoulder range of motion with pain in all planes; positive impingement sign, apprehension sign on the right, and Apley's bilaterally; tenderness to palpation over the biceps, deltoid, and acromioclavicular joint bilaterally; right hand grip strength weaker than left hand; lumbar range of motion decreased and painful in all planes; and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, sacroiliac joints, gluteus, and biceps femoris bilaterally. Medications list includes Tramadol, Naproxen, Cyclobenzaprine, synovacin, Dendracin topical cream, and Omeprazole. She has undergone bilateral carpal tunnel surgeries.

She has had MRI of the right shoulder on 11/13/13 which showed a subscapularis tendon tear; MRI of the lumbar spine on 5/5/15 which showed straightening of the lordotic curvature with limited range of motion in flexion and extension, multilevel disc herniation and degenerative changes with neural foraminal narrowing at L2-3, L3-4 and L4-5. She has had home exercise, physical therapy and activity modification for this injury. A request was made for Synovacin 500mg, #90 and Dendracin 120ml for topical use and joint health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin 500mg, 90 capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 50 of 127, Glucosamine (and Chondroitin Sulfate).

Decision rationale: Q-Synovacin 500mg, 90 capsules. Synovacin contains Chondroitin sulfate. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and Chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. "Any evidence of knee arthritis is not specified in the records provided. Recent X-rays of the knee joint demonstrating osteoarthritis are not specified in the records provided. Response to previous conservative therapy for the knee is not specified in the records provided. The medical necessity of Synovacin 500mg, 90 capsules is not medically necessary for this patient.

Dendracin 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 Analgesics Page(s): 111-113.

Decision rationale: Q-Dendracin 120mls Summary: Dendracin lotion contains methyl salicylate, benzocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as

gabapentin or Lyrica). Non-neuropathic pain: Not recommended. " Topical salicylate like methyl salicylate is recommended. However, there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. Evidence of failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA MTUS, Chronic pain treatment guidelines. The medical necessity of Dendracin 120mls Summary is not medically necessary for this patient.