

<b>Case Number:</b>	CM15-0113607		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female, who sustained an industrial injury on 10/24/2005. Diagnoses have included right shoulder impingement syndrome status post decompression surgery, status post right carpal tunnel release with residual neuropathic pain in the right hand and wrist, gastrointestinal symptoms secondary to oral medication usage and depression secondary to chronic pain syndrome. Treatment to date has included surgery, percutaneous electrical nerve stimulation treatments and medication. According to the progress report dated 5/14/2015, the injured worker complained of pain in the right upper extremity. She described burning, shooting pain, numbness and tingling. She reported that right shoulder pain radiated into the scapula and cervical region. She also complained of intermittent headaches. She was noted to have experienced gastritis related to non-steroidal anti-inflammatory drugs. It was noted that the injured worker had tried various oral medications, all of which had caused side effects. Exam of the cervical spine revealed right sided paraspinous tenderness. There was tenderness over the right acromioclavicular joint. Right shoulder range of motion was restricted. Authorization was requested for Naproxen and Dendracin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen DS 550mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Naproxen DS 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The MTUS does not support long term NSAID use. The documentation from May 2015 indicates that the patient has GI side effects from NSAIDs. The 6/17/15 document indicates that all NSAIDs have been discontinued and that the patient has had nausea, vomiting, rectal bleeding and NSAID induced GERD. The request for continued Naproxen is not medically necessary.

**Dendracin lotion #240ml:** 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:** Dendracin lotion #240ml is not medically necessary per the MTUS Guidelines. Dendracin Cream contains: Active ingredients. Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%. Per MTUS guidelines, "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Additionally, the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Capsaicin topical 0.375% is not recommended. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy therefore the request for Dendracin is not medically necessary.

