

Case Number:	CM15-0171493		
Date Assigned:	09/11/2015	Date of Injury:	04/04/2014
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 04-04-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for rotator cuff tear and right shoulder pain status post surgery. Treatment and diagnostics to date has included shoulder surgery, physical therapy, and medications. Current medications include Norco. In a progress note dated 08-05-2015, the injured worker reported right shoulder pain status post right shoulder surgery. The injured worker stated that she "has been noticing GI irritation" and "would like to take some medications, which are not as harsh on her stomach". Objective findings included 5 out of 5 strength and reflexes in the upper extremities and bilateral shoulder reproduction was about 70-80 degrees. The request for authorization dated 08-05-2015 requested Omeprazole and Dendracin. The Utilization Review with a decision date of 08-18-2015 non-certified the request for Dendracin 120ml with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Dendracin contains: Methyl Salicylate 30%, Capsaicin 0.0375%. According to the guidelines: Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the Capsaicin quantity in Dendracin exceeds the amount recommended by the guidelines. The claimant was also on other topical medications previously. Long-term use of multiple topical analgesics is not indicated. Any compound that is not recommended is not recommended for the entire topical formulation. Dendracin is not medically necessary.