

Case Number:	CM13-0003467		
Date Assigned:	12/04/2013	Date of Injury:	10/05/2005
Decision Date:	02/07/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed claims for chronic thumb, wrist, and elbow pain reportedly associated with an industrial injury of October 5, 2005. The applicant has been treated with the following: Analgesic medications; right thumb extensor tenosynovitis surgery; unspecified amounts of chiropractic manipulative therapy and physical therapy; topical agents; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 8, 2013, the claims administrator denied a request for topical compounded capsaicin and topical diclofenac. The applicant's attorney later appealed. Several pharmacy bills dated May 14, 2010 are appreciated for various topical compounds. A subsequent August 6, 2010, progress note is notable for comments that the applicant underwent a knee arthroscopy. She is off of work, on total temporary disability. She is a former police detective who attributes her right upper extremity issues to repetitive typing. She is on Motrin for pain relief. She is given prescriptions for topical diclofenac and topical capsaicin, it is further noted. She is given diagnosis of right thumb trauma, carpal tunnel syndrome, hand and wrist tenosynovitis, elbow lateral epicondylitis, and status post knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Capsaicin T3-60g between 5/14/2010 and 5/14/2010: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: Please note the following citation: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." As noted on Page 28 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, the applicant was reportedly described as deriving appropriate analgesia through ongoing usage of oral Motrin, effectively obviating the need for Capsaicin here. Therefore, the request is not certified.

One prescription of Diclofenac 30%-60g between 5/14/2010 and 5/14/2010: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Please note the following citation: "Voltaren[®] Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." As noted on page 112 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical diclofenac is indicated for relief of arthritis in small joints which lend themselves toward topical applications such as ankle, foot, hand, wrist, and knee. In this case, however, the applicant did not seemingly carry a diagnosis of arthritis about any of the joints in question. She was described as carrying diagnoses of sprains, strains, and/or nonspecific pain in these joints. She was, moreover, described as using oral Motrin, effectively obviating the need for topical diclofenac here. For these reasons, the request is not certified. ❌