

<b>Case Number:</b>	CM13-0003493		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/05/2005
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Preventive 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 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/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:

According to the records made available for review, this is a 48-year-old female with a 10/5/05 date of injury. At the time (5/14/10) of request for authorization for Capsaicin T3- 60gm dispensed at 08/06/2010 and Diclofenac 30-60gm dispensed at 08/06/2010, there is documentation of subjective (right hump pain, right wrist pain, and right elbow pain, associated with numbness and tingling in the right thumb and weak grip strength) and objective (decreased right hand grip strength, tenderness over the lateral epicondyle of the right elbow, positive Tinel's sign of the right wrist, and tenderness over the metacarpophalangeal joints of the right thumb) findings, current diagnoses (right thumb trauma with possible tendon injury status post repair with residual pain, right hand and wrist tenosynovitis, and right elbow lateral epicondylitis), and treatment to date (Ibuprofen). In addition, 5/14/10 medical report identifies a plan to start the patient on Capsaicin and Diclofenac 30% creams for localized relief. Regarding the requested Capsaicin T3- 60gm dispensed at 08/06/2010, there is no documentation that the patient has not responded or is intolerant to other treatments, and a condition/diagnosis for which topical Capsaicin is indicated (such as osteoarthritis, fibromyalgia, and chronic non-specific back pain). Regarding the requested Diclofenac 30-60gm dispensed at 08/06/2010, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN T3- 60GM DISPENSED AT 08/06/2010.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a condition/diagnosis for which topical Capsaicin is indicated (such as osteoarthritis, fibromyalgia, and chronic non-specific back pain), as criteria necessary to support the medical necessity of topical Capsaicin. Within the medical information available for review, there is documentation of diagnoses of right thumb trauma with possible tendon injury status post repair with residual pain, right hand and wrist tenosynovitis, and right elbow lateral epicondylitis. However, there is no documentation that the patient has not responded or is intolerant to other treatments, and a condition/diagnosis for which topical Capsaicin is indicated (such as osteoarthritis, fibromyalgia, and chronic non-specific back pain). Therefore, based on guidelines and a review of the evidence, the request for Capsaicin T3-60gm dispensed at 08/06/2010 is not medically necessary.

**DICLOFENAC 30-60GM DISPENSED AT 08/06/2010.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right thumb trauma with possible tendon injury status post repair with residual pain, right hand and wrist tenosynovitis, and right elbow lateral epicondylitis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of a medical report plan for topical Diclofenac dated 5/14/10, there is no (clear) documentation of short-term use (4-12 weeks). Furthermore, given documentation that the patient is currently taking Ibuprofen for pain relief, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 30-60gm dispensed at 08/06/2010 is not medically necessary.

