

Case Number:	CM13-0006883		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2010
Decision Date:	03/10/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 patient is a 49-year-old female who reported injury on 12/30/2010. The mechanism of injury was noted to be repetitive motion. The clinical documentation submitted for review indicated the patient had GI (gastrointestinal) distress, and was intolerant to oral medications and as such capsaicin topical was being used. It was further indicated that the dosage contained 0.0375% capsaicin formulation. The patient's diagnoses were noted to include sprains and strains of the right shoulder and arm unspecified, sprain and strain of the wrists, shoulder disorders with bursa and tendon unspecified enthesopathy of the wrist and carpus. The request was made for capsaicin and gaba keto 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gaba keto 60gr between 7/1/2013 and 8/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Ketoprofen, Section Gabapentin Page(s): 113.

Decision rationale: The California MTUS indicates that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Regarding the use of Ketoprofen: This agent is not currently FDA (Food and Drug Administration) approved for a topical application." It was indicated that the patient has severe liver damage and the creams helped control the patient's inflammation. Without the creams, the patient's pain was noted to be 8/10 and with the cream the pain was noted to be 4/10. It was indicated that the recommended creams helped the patient perform activities of daily living and home exercises. The clinical documentation submitted for review indicated per the physician that ketoprofen was approved; however, it is not FDA approved for topical application. Additionally, gabapentin is not recommended for topical use. There was a lack of documentation of neuropathic pain and exceptional factors to warrant nonadherence to guideline recommendations. The patient was noted to have received objective functional benefit as well as a decrease in the VAS (visual analogue scale) score. However, as the medications are not recommended per California MTUS Guidelines, the request for Gaba keto 60 grams is not medically necessary.

1 prescription of Capsaicin 60gr between 7/1/2013 and 8/23/2013: Upheld

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

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

Decision rationale: The California MTUS indicate that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...here 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." The clinical documentation submitted for review indicated the strength of the capsaicin was noted to be 0.0375% as the over-the-counter was noted to be 0.025%. It was indicated that the patient has severe liver damage and the creams helped control the patient's inflammation. Without the creams, the patient's pain was noted to be 8/10 and with the cream the pain was noted to be 4/10. It was indicated that the recommended creams helped the patient perform activities of daily living and home exercises. The patient was noted to be intolerant to other treatments and was noted to have severe liver damage. However, there was a lack of documented rationale indicating the necessity for exceeding the 0.025% formulation of the medication. Given the above, the request for capsaicin 60 grams is not medically necessary.