

<b>Case Number:</b>	CM13-0007479		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/17/2002
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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 and Cardiology and is licensed to practice in California and Texas. 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 53-year-old injured worker who reported an injury on May 17, 2012. The mechanism of injury was not documented; however, the patient has been treated for ongoing reports of throbbing pain in their left wrist and thumb base. The documentation did note that the patient has a history of a laceration repair of the left thumb, with open fracture of their left thumb. There was also development of flail left upper extremity with flexion contracture of the thumb; the patient has undergone multiple surgeries to the left thumb; including tenolysis. On the most recent clinical notes dated July 16, 2013, the patient stated to have severe burning pain in their left hand; and uses Lyrica 100 mg at night, which helps offset the constant burning sensation in their hand and thumb. The patient also uses Capsaicin cream to offset the hypersensitivity, and uses Vimovo as an anti-inflammatory. The patient rates their pain a 7 out of 10, which has been unchanged in the last 3 clinical documentations provided. The physician is now requesting 1 prescription of Vimovo 500/20 mg with a total of 60, and 1 prescription of capsaicin cream 0.1% 60 gram tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Vimovo 500/20mg, quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatories are recommended and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. However, it is noted in the documentation that the patient stated that their Vimovo helps to alleviate pain. There are no positive objective measurements that indicate the patient is receiving any efficacy from this medication. Throughout the last 3 clinical documentations, the patient's pain has been rated at 7 out of 10. Without objective measurements providing an accurate description of the efficacy of the use of Vimovo, the continued use of it does not meet guideline criteria. The request for 1 prescription of Vimovo 500/20mg, quantity 60, is not medically necessary and appropriate.

**1 prescription of Capsaicin cream 0.1 percent 60g tube, quantity 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines under the topical analgesics, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$ -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor.) There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the patient medication has not been recommended by the California MTUS Guidelines, and neither is their documentation providing any positive efficacy with the use of this medication. The request for 1 prescription of Capsaicin cream 0.1 percent 60g tube, quantity 1, is not medically necessary and appropriate.