MAXIMUS Federal Services

Case Number:	CM13-0007600		
Date Assigned:	12/11/2013	Date of Injury:	04/05/2012
Decision Date:	01/13/2014	UR Denial Date:	07/26/2013
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 Surgery, 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 injured worker has right shoulder and wrist pain as well as lumbar strain. She has been responding to a combination of topical medications and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075%: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on the Derry S, Lloyd R, Moore RA, McQuay HJ. Topical Capsaicin for chronic neuropathic pain in adults. Cochrane Database Syst Rev. 2009; 4:CD007393.

Decision rationale: Capsaicin is a derivative of peppers with activity that involves blockage of pain receptors. It is available in the 0.025%, 0.075%, and 0.1% concentrations. The concentration in question in in the middle of the range. Since the injured worker is having a response to an appropriate dosage, the prescription of Capsaicin 0.075% is medically necessary and appropriate.

Diclofenac 1.5% 60gm: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on the PennsaidÂ® Topical Solution (diclofenac sodium 1.5%). Prescribing information. Hazelwood, MO: Mallinckrodt Brand Pharmaceuticals, January 2010. VoltarenÂ® Gel (diclofenac sodium 1%). Prescribing information. Parsippany, NJ: Novartis, October 2009..

Decision rationale: Diclofenac topical is a nonsteroidal antiinflamatory used for treatement of bone and joint pain. It ranges in concentration from 1%, 1.5%, to 3%. The dosage in question is in the middle of the range. Since the injured worker is having a response to an appropriate dosage, the prescription for Diclofenac 1.5%, 60gm is medically necessary and appropriate.