

Case Number:	CM13-0010691		
Date Assigned:	09/23/2013	Date of Injury:	11/29/2011
Decision Date:	01/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/14/2013

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 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 claimant is a 58 year old injured worker who sustained a work related injury on June 4, 1981, when he slipped and fell on sawdust, hitting his right elbow and landing on his right shoulder. The claimant diagnoses include: right rotator cuff injury and impingement. Treatment included: medical therapy, steroid injection therapy, surgery (right rotator cuff repair, SAD with acromioplasty and labral debridement), physical therapy and manipulation under anesthesia due to development of a frozen shoulder. The medical documentation indicates that the claimant still has 6/10 right shoulder pain with decreased range of motion on exam. The treating provider has requested Capsaicin 0.075% cream Diclofenac sodium 1.5% cream and Ketamine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, 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: The Physician Reviewer's decision rationale: The California MTUS Guidelines Topical Analgesics are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there have been no studies of a 0.075% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In addition, the employee does not have a diagnosis of neuropathic pain. The medication in question has been prescribed for over one year and there is no documentation of the frequency of use or of any symptomatic and functional benefit. The request for Capsaicin 0.075% cream, quantity 1, is not medically necessary and appropriate.

Diclofenac sodium 1.5 % cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports this medication as a treatment option for chronic shoulder conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. The request for Diclofenac sodium 1.5% cream is not medically necessary and appropriate.

Ketamine 5% cream: 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 and 56.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth

factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the medication Ketamine, is not indicated for the treatment of chronic pain. The request for Ketamine 5% cream is not medically necessary and appropriate.