

Case Number:	CM13-0014573		
Date Assigned:	10/07/2013	Date of Injury:	04/22/2008
Decision Date:	04/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of April 22, 2008. A utilization review determination dated August 5, 2013 recommends non-certification of Exoten-C lotion 0.002%/10%/20% #120 ml, to apply TID and Cartivisc 500/200/150mg #90 TID. The previous reviewing physician recommended non-certification of Exoten-C lotion 0.002%/10%/20% #120 ml, to apply TID due to lack of documentation of failed trials of first-line recommendations (oral antidepressants and anticonvulsants), medications are insufficient to manage the patient's symptoms, the claimant is unresponsive and intolerant to all other treatments, and no Guidelines support for the formulation of capsaicin in Medrox; and non-certification of Cartivisc 500/200/150mg #90 TID due to lack of documentation of a diagnosis of osteoarthritis and the subjective/objective findings to support that diagnosis. An Appeal dated August 13, 2013 identifies the prescription of topical analgesics was recommended not as a sole intervention or replacement but primarily as an adjunctive treatment to her oral pain medications for better symptom relief and utmost comfort. The patient still has mild effusion in the bilateral elbow and significant swelling in her bilateral wrists which are both suggestive of inflammation and degeneration. A Progress Report dated July 12, 2013 identifies Subjective Complaints of a lot of upper extremity symptomatology. She also complains of pain and discomfort. Physical Examination identifies tenderness noted on palpation. There is limited motion. There is pain on scapular retraction. There is left shoulder tenderness. There is significant left elbow dysesthesia noted. Diagnoses include carpal tunnel syndrome, left wrist ganglion cyst, ulnar neuropathy/cubital tunnel syndrome, previous left shoulder surgery 1984 and 2003, status post Final Determination Letter for IMR Case Number [REDACTED] 3 left cubital tunnel and left carpal tunnel releases 8/29/08, elbow epicondylitis, cervical sprain/strain syndrome, status post left cubital tunnel release 10/7/10, sleep disturbance, and anxiety and depression. Treatment Plan

includes Exoten-C lotion 0.002%/10%/20% #120 ml to apply t.i.d. to be utilized as a topical agent to treat the patient's pain and Cartivisc 500/200/150mg #90 t.i.d. for joint nutrition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C Lotion 0.002%/10%/20% #120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analges.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009) Page(s): 111-113 of.

Decision rationale: Regarding request for Exoten-C lotion 0.002%/10%/20% #120 ml, to apply TID, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of the Exoten-C lotion. Additionally, there is no documentation of failure of first-line therapy as recommended by guidelines prior to the initiation of topical medications. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments. In the absence of clarity regarding those issues, the currently requested Exoten-C lotion 0.002%/10%/20% #120 ml, to apply TID is not medically necessary.

Cartivisc 500/200/150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine (Ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009) Page(s): 50 of 127.

Decision rationale: Regarding the request for Cartivisc 500/200/150mg #90 TID, Chronic Pain Medical Treatment Guidelines state Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the medical information made available for review, there is documentation of mild effusion in the bilateral elbow and significant swelling in her bilateral wrists. However, there is no clear documentation of a diagnosis of osteoarthritis supported by subjective and objective findings and Final Determination Letter for IMR Case Number [REDACTED] 4 imaging. In the absence of such documentation, the currently requested Cartivisc 500/200/150mg #90 TID is not recommended.

