

Case Number:	CM13-0017794		
Date Assigned:	11/06/2013	Date of Injury:	03/12/2009
Decision Date:	01/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 03/12/2009. The patient's diagnoses include status post right carpal tunnel release and right trigger thumb release, status post right shoulder arthroscopy with residual right shoulder arthralgia and acromioclavicular joint arthrosis, cervical sprain with degenerative disc disease, right medial epicondylitis, and residual severe right median sensor neuropathy at the wrists. This patient has been deemed to be permanent and stationary. A Permanent and Stationary report of 07/09/2012 recommended future medical treatment at that time to include orthopedic followup including medications, injections, physical therapy, potential right medial epicondyle release, a redo right shoulder arthroscopy, or possible redo right carpal tunnel release, and possibly pain management. An initial physician reviewer in this case noted at that time there was insufficient clinical information to support the necessity of the current requests. On 07/22/2013, a primary treating physician's reevaluation report noted that the patient continued to experience lumbar spine pain as well as pain in the bilateral shoulders, arms, right elbow, bilateral wrists, and bilateral hands. That note indicated that therapy and the use of medications provided some relief and benefit. The patient's diagnoses at that time included cervical sprain, bilateral shoulder sprain, right elbow sprain, bilateral wrist sprain and pain, hand injury, depression, insomnia, stress, and anxiety. At that time, extracorporeal shock wave treatments for the right elbow were recommended as an adjunct to medications including Prilosec, neurontin, Norco, and amitriptyline. Transdermal compounds were recommended to be applied as directed over the musculoskeletal structures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac cream 20% 210gms: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines Section on Topical Analgesics, page 111, states regarding topical antiinflammatory medications, "The efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration." The Guidelines indicate there is some benefit to short-term use of topical antiinflammatory medications but no convincing evidence for long-term use. The medical records at this time provide very limited information regarding the specific benefit of topical analgesics overall and particularly regarding specific analgesics. Particularly given that this patient is being prescribed multiple simultaneous topical analgesics, it is unclear how effective each individual one is or how the effectiveness is being monitored. For these reasons, this request is not medically necessary.

(Dextromethorphan 20%/ Tramadol 5%/ Amitriptyline) 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: The MTUS Chronic Pain Guidelines Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records in this case provide very limited information regarding the specific rationale of the component medications in this compounded agent. Particularly given the use of at least 3 simultaneous topical agents, the rationale or benefit or effect in each agent is unclear. This request is not medically necessary.

(Menthol 2%/ Camphor 2%/ Capsaicin 0.0375%/ Diclofenac) 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic

effect of each agent and how it will be useful for the specific therapeutic goal required." Particularly given that diclofenac has been requested simultaneously in 2 different topical agents, it is unclear what the indication may be or efficacy or the rationale for utilizing this medication simultaneously in multiple topical agents. MTUS Chronic Pain Guidelines, on page 112, state regarding capsaicin, "There 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." Thus, the component ingredient capsaicin is not supported at the requested dosage. For this additional reason, this request is not supported. Overall this request is not medically necessary.