

Case Number:	CM13-0032154		
Date Assigned:	12/04/2013	Date of Injury:	09/01/2011
Decision Date:	06/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 46-year-old male patient who was injured as result of work related activities of lifting and moving 1 to 5 gallon buckets of paint. The repetitive nature of his work leads to injuries of his neck, bilateral shoulders, and mid and lower back. Despite his pain, he continued to work until his symptoms became progressively worsened. Since then, he has had continuous pain in the areas listed previously. Eventually he developed weakness of his left hand and wrist. The patient was transferred to another area of the store in which he worked. On 09/01/2011, while removing doors that were stacked upon a pallet, the doors fell on him and further injured his cervical, thoracic and lumbosacral spine and bilateral upper extremities. He has been officially diagnosed with cervical sprain / strain and degenerative disc disease with multi-level retrolisthesis and anterolisthesis of his cervical vertebrae, bilateral carpal tunnel syndrome, thoracic sprain / strain (identifiable annular tearing from T4-5, T6-7, T8-9, T9-10, T11-12 with a Grade 1 retrolisthesis at T9 on T10, T11 on T12 via MRI) lumbosacral sprain / strain and lower extremity radiculopathy. He had a previous history of cervical spine surgery as result of a previous industrial accident. The patient has undergone a series of epidural steroid injections and innervation facet and median branch blocks of the cervical region because of intractable cervical spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (7/31/13) REQUEST FOR COMPOUNDED CAPS CREAM:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Interventions and Treatments Page(s): 28.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. From reading the employee's provided documentation, it is obvious that the employee is in an elevated level of pain and has not responded well to some of the most aggressive means of treatment of the cervical region, primarily, but also the thoracic and lumbar regions. If Capsaicin compounded creams provide some level of relief, it should be authorized to assist the employee with assisting in the performance of activities of daily living. Therefore the request for the compounded Capsaicin cream is medically necessary.

RETROSPECTIVE (7/31/13) REQUEST FOR KETO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Interventions and Treatments Page(s): 112.

Decision rationale: Ketoprofen is an agent that is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. As the medication has not received FDA approval for topical application according to the California MTUS guidelines, I find that it is not medically necessary.