

Case Number:	CM13-0036755		
Date Assigned:	12/13/2013	Date of Injury:	02/06/2007
Decision Date:	04/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/21/2013

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 Sports Medicine, and is licensed to practice in Texas. 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:

The patient is a 57-year-old who reported an injury on 02/06/2007. The mechanism of injury was noted to be a fall when the patient slipped on a wet metal floor. The patient was diagnosed with right rotator cuff syndrome, myofasciitis/spasm, stress/anxiety, right shoulder pain, and bilateral knee pain, bilateral knee internal derangement. The patient had complaints of sharp, aching pain in the right shoulder. The pain was noted to radiate into the scapular region just below the scapula. The patient also had complaints of nagging low back pain and bilateral knee pain. Physical examination of the shoulder revealed no evidence of swelling, deformity, or atrophy. There was no crepitus with mobility of the shoulders. Examination of the cervical spine revealed excellent range of motion with no evidence of radiculopathy. Examination of the knee revealed decreased range of motion. There was noted to be painful mobility of the right knee at crepitus with mobility of the left knee. The patient was noted to have weakness in flexion and extension of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 30% 240ML, DOS: 1/5/11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter and Compounded Medications Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few, randomized, controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. The documentation submitted for review indicated the patient's current medications included pain medication, antidepressant medication, and anxiety medication. However, the documentation fails to specify whether the patient has previously taken diclofenac and whether this medication has been effective is unclear. The request for Diclofenac 30%, 240 ml, provided on January 5, 2011, is not medically necessary or appropriate.

CAPSAICIN T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter and Compounded Medications Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): page 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few, randomized, controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review does not indicate that the patient had been intolerant to other treatments and failed to specify the duration of use or whether this medication has been effective. In addition to that formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation; therefore, the request for Capsaicin T3 is not supported in the records. The request for Capsaicin T3 15%. 240 ml, provided on January 5, 2011, is not medically necessary or appropriate.