

Case Number:	CM13-0036985		
Date Assigned:	12/13/2013	Date of Injury:	01/03/2005
Decision Date:	02/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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:

This is a female patient with a date of injury of 1/3/05. A utilization review determination dated 9/26/13 recommends non-certification of Diclofenac and Capsaicin topical creams from dates of service 1/13/11 and 7/21/11. A progress report dated 2/20/12 identifies subjective complaints including persisting left ankle pain. Objective examination findings identify "lumbar spine tenderness palpation with positive loss of spinal rhythm." Diagnoses include lumbar disc disease, s/p left ankle osteoarthritis, insomnia, gastroesophageal reflux, and stress. The treatment plan recommends Naproxen, Omeprazole, Theramine, and "a topical cream, applied twice daily to areas of complaint, to reduce pain and decrease the need for oral medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 30 (Diclofenac and PCCA Lipoderm base): Upheld

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

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

Decision rationale: Regarding the request for Diclofenac 30, the California MTUS supports topical NSAIDs for the short-term management of osteoarthritis and tendinitis of joints amenable

to topical treatment, which does not include areas such as the spine. Within the documentation available for review, there is mention of osteoarthritis of the ankle, but the documentation does not identify that the treatment would be applied only to the ankle and for short-term use only. In the absence of such documentation, the currently requested Diclofenac 30 is not medically necessary.

Capsaicin (Capsaicin, Menthol, Camphor, Tramadol & PCCA Lipoderm base): Upheld

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

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

Decision rationale: Regarding the request for Capsaicin, the California MTUS notes that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, there is no documentation of failure of other treatments prior to consideration of capsaicin. Additionally, the compound is noted to contain tramadol, and there is no clear rationale for the use of this topical formulation rather than the FDA-approved oral formulation. In light of the above issues, the currently requested Capsaicin is not medically necessary.

Capsaicin (Capsaicin, Menthol, Camphor, Tramadol & Pencream): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): s 112-113.

Decision rationale: Regarding the request for Capsaicin, the California MTUS notes that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, there is no documentation of failure of other treatments prior to consideration of capsaicin. Additionally, the compound is noted to contain tramadol, and there is no clear rationale for the use of this topical formulation rather than the FDA-approved oral formulation. In light of the above issues, the currently requested Capsaicin is not medically necessary.

Diclofenac 30 (Diclofenac and Pencream): Upheld

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

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

Decision rationale: Regarding the request for Diclofenac 30, the California MTUS supports topical NSAIDs for the short-term management of osteoarthritis and tendinitis of joints amenable to topical treatment, which does not include areas such as the spine. Within the documentation available for review, there is mention of osteoarthritis of the ankle, but the documentation does not identify that the treatment would be applied only to the ankle and for short-term use only. In the absence of such documentation, the currently requested Diclofenac 30 is not medically necessary.