

Case Number:	CM13-0037529		
Date Assigned:	12/13/2013	Date of Injury:	08/01/2004
Decision Date:	02/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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, has a subspecialty in neuromuscular medicine and is licensed to practice in Maryland. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57 year old male with a work injury dated 2/3/93. He has chronic left wrist/elbow/shoulder pain due to a work related injury. He sustained a fracture to the thumb in 1994. He has had multiple surgeries including had nerve releases including median nerve at the left wrist and ulnar nerve at the elbow. He complains of persistent pain in his LUE. Prior UR modified his Norco for weaning and denied Capsaicin cream. This review addresses those medications again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream: Upheld

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

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

Decision rationale: Capsaicin cream is not medically necessary per MTUS guidelines. Per guidelines, Topical analgesics are: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended." There is no clarification on documentation submitted on what strength Capsaicin is requested. Topical analgesics such as Capsaicin are not supported by the MTUS guidelines for this patient and therefore not medically necessary.

Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: The Physician Reviewer's decision rationale: Norco 10/325 is not medically necessary per MTUS guidelines. There is no evidence of decreased pain levels and increased function on documentation submitted with treatment that included Norco. Therefore, Norco 10/325 is not medically necessary. The MTUS recommends "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)