

Case Number:	CM13-0042248		
Date Assigned:	04/09/2014	Date of Injury:	05/25/2011
Decision Date:	06/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in Kansas. 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 51-year-old female whose date of injury is 05/25/11. The patient suffered gradual onset of pain, numbness and weakness in the bilateral upper extremities. The treatment to date is noted to include physical therapy, injections, acupuncture, bracing, and left carpal tunnel release in May 2012. Electromyography (EMG)/Nerve conduction velocity (NCV) revealed bilateral moderately severe median neuropathy, possible ulnar cubital tunnel syndrome. Per clinical note dated 12/20/13, the patient has been undergoing physical therapy and has completed 22 visits. The documentation indicates the patient reported bilateral wrist pain, weakness, numbness, and left wrist stiffness with overall worsening. It was also noted right wrist range of motion and sensation was decreased and positive Phalen's test on 12/10/12. The patient's medications included Capsaicin/Menthol/Gabapentin/APAP 500mg, Proteolin, and Restone 3mg/100mg. Tropophan #30 and Capsaicin 60gr is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TROPOPHAN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), INSOMNIA.

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines (ODG), insomnia treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The use of herbal medicines and/or medical foods is not recommended due to the lack of Food and Drug Administration (FDA) approval of many of the components. Tropophan is composed of melatonin, tryptophan, valerian, chamomile, niacin, inositol, and B6. There is no indication in the documentation that the patient has failed previous prescription medications or has obvious contraindications requiring the use of medical foods/herbal medicines. As such, the request for Tropophan #30 is not medically necessary and appropriate.

PRESCRIPTION OF CAPSAICIN 60GR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the documentation indicates that the patient previously utilized a compounded topical medication containing capsaicin with no improvement in pain symptoms. Therefore, a prescription of capsaicin 60gr cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.