

Case Number:	CM13-0042761		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2007
Decision Date:	04/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 & 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 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:

This 46 year-old male sustained an injury on 4/10/07 while employed by [REDACTED]. A report of 5/13/13 from the provider noted the patient with continued pain over the left medial elbow. He is using topical medications and glucosamine which is helpful. He wants to avoid injections and surgery although the left elbow was worse over the last two months. MRI of the left elbow on 12/3/09 noted mild increased signal within the radial collateral ligament at the humeral attachment suggesting mild sprain. Exam was not performed. Multiple topical medications above were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PENNSAID 1.5% 15 ML SAMPLE TOPICAL FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS Page(s): 22.

Decision rationale: Pennsaid is a NSAID indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per the MTUS Chronic Pain Guidelines, the efficacy in clinical

trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize the topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. It is also unclear why topical Pennsaid is prescribed along with concurrent with same topical Diclofenac. The request for retrospective use of Pennsaid is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR CAPSAICIN 0.075% CREAM FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical capsaicin analgesic. Guidelines recommend topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments and as a treatment for osteoarthritis which has not been demonstrated here. Additionally, dosing of Capsaicin over a 0.025% formulation has not shown to provide any further efficacy according to the MTUS Chronic Pain Guidelines. As this request is for dose of 0.075%, the request is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DICLOFENAC SODIUM 1.5% 60 GM FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, AND THE SECTION ON TOPICAL ANALGESICS, Page(s).

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Diclofenac solution over oral NSAIDs or other pain relievers for a patient without

contraindication in taking oral medications. It is also unclear why topical PENNSAID is prescribed along with concurrent with same topical Diclofenac. The request for retrospective Diclofenac is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR KETAMINE 5% CREAM 60 G FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this unspecified topical analgesic. The request for retrospective Ketamine use is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR SYNOVACIN-GLUCOSAMINE SULFATE 500 MG, #90 FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMINE Page(s): 50-51.

Decision rationale: Studies on the benefits of Synovacin (glucosamine) are limited and neither the safety nor the efficacy has been adequately documented in terms of evidence based medicine standards. Although the MTUS Chronic Pain Guidelines recommend glucosamine sulphate as an option for moderate knee osteoarthritis, submitted reports have failed to demonstrate any symptoms, clinical findings, or diagnosis for arthritis to support its use. The request is not medically necessary and appropriate.