

Case Number:	CM13-0060991		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2012
Decision Date:	04/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/04/2013

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 a licensed Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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:

The patient is a 58-year-old female who reported an injury on 06/08/2011 due to repetitive trauma while performing normal job duties. The patient reportedly sustained an injury to her right upper extremity. The patient's most recent clinical evaluation dated 07/30/2013 documented that the patient was working with an ergonomic work station. The patient's diagnoses included wrist sprain/strain, thumb sprain/strain, index finger sprain/strain, right elbow lateral epicondylitis, and right shoulder impingement. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN POWDER/MENTHOL/CRYSTAL/CAMPHOR CRYSTALS/LIPMAX LIQUID/PLURONIC 20% GEL/ETHOXY DIGLYCOL REAGENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested capsaicin powder/menthol/crystal/camphor/crystals/lipmax liquid/pluronic 20% gel diglycol reagent is not medically necessary or appropriate. California

Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical agent when the patient has failed to respond to all other types of conservative treatments. The clinical documentation fails to provide any evidence that the patient has undergone a trial of anticonvulsants and/or antidepressants that have failed to control this patient's symptoms. Therefore, the need for topical use of capsaicin is not clearly indicated. As such, the requested capsaicin powder/menthol/crystal/camphor/crystals/lipmax liquid/pluronic 20% gel diglycol reagent is not medically necessary or appropriate.

LIDOCAINE POWDER/KETOPROFEN POWDER/CYCLOBENZAPRINE HCL POWDER/ETHOXY DIGLYCOL REAGENT/LIPMAX LIQUID/PLURONIC 20% GEL:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested lidocaine powder/Ketoprofen powder/cyclobenzaprine hydrochloride powder/ethoxy diglycol reagent/lipmax liquid/pluronic 20% gel is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel as it is not FDA-approved for neuropathic pain. Additionally, Ketoprofen is not FDA-approved in a topical formulation, therefore, is it not supported by California Medical Treatment Utilization Schedule. The California Medical Treatment Utilization Schedule also does not support the use of cyclobenzaprine as a topical agent as there is little scientific evidence to support the safety and efficacy of topical muscle relaxants. As such, the requested lidocaine powder/ Ketoprofen powder/cyclobenzaprine hydrochloride powder/ethoxy diglycol reagent/lipmax liquid/pluronic 20% gel is not medically necessary or appropriate.