

Case Number:	CM13-0062529		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2007
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/08/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported a work related injury on 09/14/2007. The patient is status post right shoulder arthroscopic surgery in 2010. She has undergone conservative treatment to include physical therapy sessions, acupuncture treatments, and psychiatric treatments. The patient has complaints of right upper extremity pain, weakness, and dropping of things. The patient's medications include Gabapentin, Medi-Derm patches, Cymbalta, Butrans patches, Lunesta and Medrox ointment. A request has been made for Medi-Derm/L with lidocaine topical pain relief cream and acupuncture 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR MEDI-DERM/L WITH LIDOCAINE TOPICAL PAIN RELIEF CREAM (CAPSAICIN 0.035 %/LIDOCAINE 2%/MENTHOL 5%/METHYLSALICYLATE): Upheld

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

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

Decision rationale: The California Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medi-Derm/L cream contains capsaicin 0.0375% which is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There was no documentation submitted stating the patient had been intolerant to other treatments. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Guidelines state that topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain and in 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Only FDA approved products are currently recommended. Therefore, the request for decision for Medi-Derm/L with lidocaine topical pain relief cream (capsaicin 0.035%/lidocaine 2%/menthol 5%/methyl salicylate) is non-certified.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Guidelines further state acupuncture treatments may be extended if functional improvement is documented. Per recent clinical documentation, the patient was noted to have undergone acupuncture treatments; however, there was no documentation of the patient's pain relief or functional improvement due to her acupuncture treatments per guideline criteria. There were no functional benefits noted for the patient which could be objectively measured due to her prior acupuncture treatments which would warrant the justification of continued acupuncture treatments. In addition, it was not noted in the request which body part would be treated with acupuncture. As such, the decision for acupuncture 2 times a week for 3 weeks (no body part stated) is non-certified.