

Case Number:	CM13-0070249		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2011
Decision Date:	06/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50 year old male who reported right shoulder injury from a motor vehicle accident on 05/02/2011. Within the clinical note dated 12/20/2013 the injured worker was status post right shoulder surgery on 11/14/2013. The injured worker reported a 50% reduction in pain since the surgical procedure and was attending physical therapy twice a week. The clinical note was unclear as to how many weeks he had completed. The injured worker reported 4/10 pain with his pain medication. The plan of care included a request for Diclofenac cream for inflammation and Capsaicin 0.075%. The request for authorization was dated 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.075% CREAM QUANTITY TWO:2:00: Upheld

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

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

Decision rationale: The request for Capsaicin 0.075% cream is non-certified. The CA MTUS guidelines recommend capsaicin only as an option in injured workers who have not responded or are intolerant to other treatments and it may be particularly useful (alone or in conjunction with

other modalities) in injured workers whose pain has not been controlled successfully with conventional therapy. Within the clinical notes reviewed the injured worker reported adequate gains from surgical intervention as well as oral pharmacological therapy. It did not appear the injured worker was intolerant of or did not respond to other treatments. Therefore, the cream, is medically unnecessary and not medically necessary and appropriate.

DICLOFENAC SODIUM 1.5% 60 GRAM QUANTITY 2.00: Upheld

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

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

Decision rationale: The request for diclofenac sodium 1.5% 60 gram quantity is non-certified. The CA MTUS guidelines recommend NSAID creams may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines note Voltaren[®] Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker was post-op for a shoulder resection and the request is not labeled for the prescribed use for the shoulder. It did not appear the injured worker had a diagnosis of osteoarthritis. Thus the request is not medically necessary and appropriate.

MIRTAZAPINE 15MG #30: Upheld

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

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

Decision rationale: The request for mirtazapine 15mg #30 is non-certified. The Official Disability Guidelines state sedating antidepressants have been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. The clinical note dated 11/11/2013 reported the medication was improving his sleep, but failed to quantify or elaborate on how it helped his sleep. Within the clinical note dated 12/20/2013 there were still reports of sleep disturbance. Thus, as the documentation fails to show the efficacy of the medication, continued use is not supported. As such, the request is not medically necessary and appropriate.