

Case Number:	CM13-0071481		
Date Assigned:	01/08/2014	Date of Injury:	11/17/2011
Decision Date:	06/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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:

The injured worker is a 46-year-old female with a reported date of injury on 11/17/2011. The worker was injured when the golf cart she was a passenger in, collided with another golf cart. The injured worker complained of right shoulder, neck, low back, right knee, and right wrist pain. According to the documentation provided, the injured worker attended physical therapy in 2011, of unknown duration. On physical exam, the injured worker presented with a negative Trendelenburg sign and negative straight leg raise. The physician indicated lumbar spine range of motion revealed flexion to 45 degrees and extension to 17 degrees; cervical spine range of motion revealed flexion to 43 degrees, extension to 40 degrees, right and left rotation to 63 degrees. In addition, upon physical examination the thoracic spine range of motion revealed flexion to 60 degrees and bilateral rotation to 30 degrees. Documentation revealed the diagnoses included C5-6 disc injury with mild central canal stenosis, lumbar strain, and shoulder impingement syndrome, right knee pain with intra-articular mechanical symptoms, bilateral carpal tunnel syndrome, stress syndrome insomnia, and gastrointestinal reflux disease. The physician indicated the injured worker's medication regimen included zolpidem, sertraline, hydrocodone, omeprazole, naproxen, and cyclobenzaprine. The Request for Authorization for capsaicin .0375%, menthol 10%, camphor 2.5%, tramadol 20% for the right shoulder, wrist was submitted on 12/26/2013. A rationale for the request was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN .0375% MENTHOL 10% CAMPHOR2.5% TRAMADOL 20% FOR THE RIGHT SHOULDER, WRIST: 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines topical analgesics are recommended as an option for neuropathic pain. According to the guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine effectiveness or safety. In addition, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 effectiveness. In addition, according to the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The rationale for the request was not provided within the documentation available for review. Capsaicin in the formulation 0.0375% is not recommended per the guidelines. According to the documentation provided for review the injured worker is currently utilizing NSAIDs, muscle relaxants and antidepressants. The clinical information provided for review lacks documentation of unresponsiveness or intolerance to other treatments. Therefore, the request for capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20% for the right shoulder, wrist is non-certified.