

Case Number:	CM14-0006088		
Date Assigned:	03/03/2014	Date of Injury:	12/21/2010
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 48-year-old female who reported an injury on 12/21/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine and right wrist. The injured worker's treatment history included right carpal tunnel release, multiple medications to manage chronic pain. The request submitted for review is from date of service 08/21/2012. There was no documentation submitted for that date of service or any documentation prior to that date of service to determine the medical necessity of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRYPTILINE HN 4/10/20 120GM DOS: 08/21/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The requested amitriptyline HN 4/10/20 10 gm. date of service 08/21/2012 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. Peer reviewed literature does not recommend antidepressants as topical analgesics as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. There was no documentation to determine exceptional factors to extend treatment beyond guideline recommendations. As such, the requested amitriptyline HN 4/10/20 120 gm. date of service 08/21/2012 is not medically necessary or appropriate.

CAPSAICIN F3 HN .0375/2/2/30% 120GM DOS; 08/21/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112-113

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

Decision rationale: The requested capsaicin F3 HN .0375/2/2/30% 120 gm. date of service 08/21/2012 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the topical use of capsaicin in the management of chronic pain until all first line chronic pain management treatments have been exhausted. There was no clinical documentation from the date of service or prior to the date of service to establish that the injured worker had failed to respond to first line treatments. Therefore, the need to use capsaicin as a topical analgesic is not supported. Additionally, the request is for a formulation of capsaicin of 0.375%. This exceeds guideline recommendations of 0.025%. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested capsaicin F3 HN .0375/2/2/30% 120 gm. for date of service 08/21/2012 is not medically necessary or appropriate.

CAPSAICIN T3 N HC .0375/10/ 2.5/15% 120MG DOS 08/02/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112-113

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

Decision rationale: The requested capsaicin T3 N HC 0.375/10/ 2.5/15% 120 mg date of service 08/02/2011 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the topical use of capsaicin in the management of chronic pain until all first line chronic pain management treatments have been exhausted. There was no clinical documentation from the date of service or prior to the date of service to establish that the injured worker had failed to respond to first line treatments. Therefore, the need to use capsaicin as a topical analgesic is not supported. Additionally, the request is for a formulation of capsaicin

of 0.375%. This exceeds guideline recommendations of 0.025%. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested capsaicin T3 N HC 0.375/10/ 2.5/15% 120 mg date of service 08/02/2011 is not medically necessary or appropriate.

DICLOFENAC 30 N HC 30% 120MG DOS 08/02/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

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

Decision rationale: The requested diclofenac 30 N HC 30% 120 mg date of service 08/02/2011 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of topical nonsteroidal anti-inflammatory drugs when the injured worker is intolerant of oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation did not include a treatment history prior to the date of service. There is no way to determine whether the injured worker is not tolerant of oral formulations of nonsteroidal anti-inflammatory drugs. As such, the requested diclofenac 30 N HC 30% 120 mg date of service 08/02/2011 is not medically necessary or appropriate.