

Case Number:	CM14-0103055		
Date Assigned:	07/30/2014	Date of Injury:	04/06/2011
Decision Date:	09/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation 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 was a 63-year-old female who reported an injury on 04/06/2011 while working as a child educator and was struck by a bicycle to the right knee. The injured worker had a history of right knee pain and thoracic pain. The injured worker had a diagnosis of diagnosis of lower leg pain. The past treatments included physical therapy with functional restoration program times 4 weeks, pool therapy. The MRI of unknown date revealed a meniscus tear. The medication included capsaicin 0.075, diclofenac sodium 1.5% 60 grams, Tylenol #3, and Lidoderm patch 5% with reported to lower back pain of 8/10 using the VAS and reported pain to the right knee with no VAS provided. The clinical notes dated 05/16/2014 revealed right knee positive for joint line tenderness. The treatment plan included utilizing coping mechanisms and exercises learned in the program, medication management and strengthening. The rationale for the topical Capsaicin and topical Diclofenac Sodium were not provided. The Request for Authorization dated 07/30/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin 0.075% cream qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nonsteroidal Anti-inflammatory medication Page(s): 111-113.

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

Decision rationale: For topical Capsaicin 0.075% cream quantity 2 is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. Per the documentation, the injured worker had reached her maximum potential. Per the clinical note dated 05/16/2014, the objective findings to the right knee were vague. The injured worker rated her pain an 8/10; however, the Functional Restoration Program per the documentation assist with decreased pain and increased function. Per the guidelines, topical analgesics are not recommended if one component is not recommended and Capsaicin is not recommended. The request did not indicate the frequency. As such, the request is not medically necessary.

Topical Diclofenac Sodium 1.5% qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Voltran Gel.

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

Decision rationale: Topical Diclofenac Sodium 1.5, quantity 4 is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Diclofenac is indicated for relief of

osteoarthritis pain in joints that lend themselves to topical treatment. Per the guidelines, Diclofenac is indicated for the relief of osteoarthritis pain. However, per the diagnosis, the injured worker is not diagnosed with osteoarthritis. Per the documentation, the injured worker had reached her full potential with 4 weeks of Functional Restoration Program that decreased pain and increased her function. The request did not address frequency. As such, the request is not medically necessary.