

Case Number:	CM14-0104515		
Date Assigned:	09/26/2014	Date of Injury:	02/06/2007
Decision Date:	11/05/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Pain Management 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 patient is a 58-year-old female who has submitted a claim for Old disruption of lateral collateral ligament, osteoarthritis, unspecified whether generalized or localized, lower leg, Unspecified internal derangement of knee and Other affections of shoulder region, not elsewhere classified associated with an industrial injury date of February 6, 2007. Medical records from 2014 were reviewed, which showed that the patient complained of back pain that interferes with self-care and personal hygiene, physical activity and sleep. Examination of the lumbar spine and knees show tenderness and decreased range of motion. There was no record from 2010. Treatment to date has included medications and topical analgesics. Utilization review from June 17, 2014 denied the requests for Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 8/18/2010), Retrospective request for Diclofenac 30%/Pencream and dispensing fee (DOS 8/18/2010), Retrospective request for Capsaicin-T3 60 grams (DOS 6/14/2010), Retrospective request for Diclofenac 30% 60 grams (DOS 6/14/2010), Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 7/12/2010) and Retrospective request for Diclofenac 30%/Pencream and dispensing fee (DOS 7/12/2010) because topical analgesics are not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 8/18/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient was prescribed a compound containing capsaicin 0.0375%, menthol, camphor and pencream. However, the available notes do not provide records of the patient from 2010 and so the documentation does not provide an evidence that there was failure to respond or intolerance to other treatments. Hence, capsaicin is not recommended. Moreover, capsaicin in 0.0375% formulation is not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 8/18/2010) is not medically necessary.

Retrospective request for Diclofenac 30%/Pencream and dispensing fee (DOS 8/18/2010):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112.

Decision rationale: Page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). ODG recommends topical diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, the patient was diagnosed with osteoarthritis and was prescribed topical diclofenac in 2010. However, the records provided do not contain notes from 2010. The patient's status then is not known. Furthermore, the quantity and frequency of the requested medication are not specified. Therefore the request for Retrospective request for Diclofenac 30%/Pencream and dispensing fee (DOS 8/18/2010) is not medically necessary.

Retrospective request for Capsaicin-T3 60 grams (DOS 6/14/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient was prescribed a compound containing capsaicin in 2010. However, the available records do not provide information about the patient in 2010. It is not known if there was failure to respond or intolerance to other treatments. Hence, capsaicin is not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Furthermore, the quantity being requested was not mentioned. Therefore, the request for Retrospective request for Capsaicin-T3 60 grams (DOS 6/14/2010) is not medically necessary.

Retrospective request for Diclofenac 30% 60 grams (DOS 6/14/2010): Upheld

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

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Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 7/12/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient was prescribed a compound containing capsaicin 0.0375%, menthol, camphor and pencream. However, the available notes do not provide records of the patient from 2010 and so the documentation does not provide an evidence that there was failure to respond or intolerance to other treatments. Hence, capsaicin is not recommended. Moreover, capsaicin in 0.0375% formulation is not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Retrospective request for Capsaicin 0.0375%/Menthol2%/Camphor 2%/Pencream and dispensing fee (DOS 7/12/2010) is not medically necessary.

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