

Case Number:	CM14-0011262		
Date Assigned:	05/02/2014	Date of Injury:	01/01/2001
Decision Date:	07/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Health 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:

This is a 57-year-old male with a 1/15/01 date of injury. While working, he was standing in the attic walking on the rafters when he fell through the roof. His right arm got caught on the rafters and it saved him from falling to the ground. He experienced immediate pain to his neck, right shoulder, and lower back. Sometime around 4/2001, he suffered another work injury when he stepped on a piece of angle iron and twisted his left ankle. He experienced immediate pain and swelling in his left ankle. He suffered from flared-up pain in his neck, lower back, and right shoulder. In a 9/23/13 progress note, the patient complained of occasional pain in the neck and upper back causing muscle spasms. He is also suffering from intermittent pain in his right shoulder and lower back. Analgesic ointments provide him temporary relief. Objective findings: mildly antalgic gait, tenderness upon palpation of the suprascapular and interscapular area and over the bicipital groove over the rotator cuff area. Diagnostic impression: Chronic cervical ligamentous and muscular strain with possible discopathy and radiculopathy, chronic right shoulder strain with intraarticular pathology, mild sleep disorder. Treatment to date: medication management, activity modification, chiropractic therapy, physical therapy. A UR decision dated 12/20/13 denied the request for Capsaicin 0.0375% with Menthol 10% compound cream. These medications are available in prepared formulation, and there is no documented need to compound the medications. This compounded medication is not FDA approved according to CA MTUS guidelines for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CAPSAICIN 0.0375% WIT MENTHOL 10% (60GRAMS): 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 9792.24.2
Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin in a 0.0375% topical formulation is not supported by MTUS guidelines. A specific rationale identifying why Capsaicin 0.0375% with Menthol 10% compounded cream would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Compound Capsaicin 0.0375% Wit Menthol 10% (60grams) was not medically necessary.