

Case Number:	CM14-0012617		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2010
Decision Date:	07/18/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 patient is a 44 year old female with a 5/3/10 date of injury. A 12/16/13 letter of appeal describes that the patient has utilized naproxen in the past and has developed GI complications. She is allergic to acetaminophen. Currently the patient is utilizing nabumetone in conjunction with Diclofenac to prevent the escalation of oral anti-inflammatories. In addition, regarding the capsaicin cream the doctor states that the patient has tried tramadol and buprenorphine sublingual but had to stop secondary to nausea and vomiting. The claimant has also tried fentanyl patches without much benefit. She is allergic to morphine. Medication helps to decrease the need for more pain medications including opiates. A 11/7/13 progress report describes persistent severe shoulder pain, headaches, and neck pain. Medications listed include Diclofenac 1.5%, nabumetone, Cyclobenzaprine, Lidoderm 5% patch, Capsaicin 0.075% cream, Fioricet, hydrocodone, Gabapentin, and Trazodone. Shoulder pain is noted to be severe, persistent, and intractable. The MRI shows partial thickness tears of the rotator cuff without retraction. The Dr. notes that the Diclofenac cream helps reduce pain and the capsaicin cream at night for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5 PERCENT 60 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS .MTUS identify that Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) Page(s): 111, 112-113.

Decision rationale: The MTUS Chronic Pain Guidelines states that Diclofenac gel 1% is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The patient is still on oral anti-inflammatories, narcotics, and it is not recommended for the shoulder. There is no clear description of osteoarthritis in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). As such, the request is not medically necessary and appropriate.

CAPSAICIN 0.075 PERCENT CREAM QTY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Capsaicin, topical Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy Page(s): 28-29.

Decision rationale: The MTUS Chronic Pain Guidelines states that Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The medical records provided for review indicate Capsaicin is used for muscle spasms, which is not an indication. It has not been established that the neuropathic agents (Gabapentin) including the topical Lidoderm patch has been insufficient. There is no clear documentation of neuropathic pain. As such, the request is not medically necessary and appropriate.