

Case Number:	CM14-0012712		
Date Assigned:	02/21/2014	Date of Injury:	05/02/2011
Decision Date:	05/28/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/31/2014

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 has a subspecialty in Interventional Spine 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 was injured on 5/2/2011. He has been diagnosed with shoulder pain and PTSD. According to the 9/24/13 pain management report form [REDACTED], the patient presents with Final Determination Letter for IMR Case Number CM14-0012712 3 right shoulder pain. The pain is 7/10 with medications. He uses capsaicin 0.075% cream, diclofenac topical, Cymbalta, Mirtazapine 15mg. On 12/11/13, [REDACTED] provided an appeal for diclofenac topical, Mirtazapine and capsaicin. The pain is rated at 7/10, but there is no indication that it decreases with medications or compound topicals.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR DICLOFENAC SODIUM 1.5% 60GRM: Upheld

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

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

Decision rationale: The patient presents with chronic shoulder pain and post traumatic stress disorder. I have been asked to review for Diclofenac topical. This is a topical NSAID. MTUS

states topical NSAIDS are for the knees, elbows or joints amenable to topical treatment. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of the Diclofenac topical for the shoulder is not in accordance with MTUS guidelines. Therefore, the request for Diclofenac Sodium 1.5% 60grm is not medically necessary and appropriate.

THE REQUEST FOR MIRTAZAPINE 15MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Online for Insomnia Treatment.

Decision rationale: The patient presents with chronic shoulder pain and post traumatic stress disorder. I have been asked to review for Mirtazapine. MTUS does have some support for use of antidepressants for chronic pain, but does not discuss Mirtazapine. The 1/7/14 report states the Mirtazapine was for insomnia, and ODG guidelines mention this. ODG states: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." The medical reports do not document coexisting depression. Therefore, the request for Mirtazapine 15mg, #30 is not medically necessary and appropriate.

THE REQUEST FOR CAPSAISIN CREAM 0.075%, #2: Upheld

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

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

Decision rationale: The patient presents with chronic shoulder pain and post traumatic stress disorder. I have been asked to review for Capsaicin 0.075% topical. MTUS guidelines for topical Capsaicin states the 0.025% is for osteoarthritis, and the 0.075% is for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. MTUS states: "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." The patient does not have post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain. The use of Capsaicin 0.075% topical in a patient without post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain is not in accordance with MTUS guidelines.