

Case Number:	CM14-0015065		
Date Assigned:	02/28/2014	Date of Injury:	07/30/2012
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 is a 58-year-old who reported an injury on July 30, 2012. The mechanism of injury was related to a fall. Per the examination dated September 9, 2013, range of motion for the cervical spine was reported to be normal for flexion, extension and rotation. Spurling's test was negative. Range of motion for the left shoulder was also normal and unrestricted. Negative apprehension, impingement, Neer's and Hopkins tests, and sulcus sign. Sensation was intact to light touch and pinprick to the left shoulder. Strength and reflexes were both normal. Phalen's, Tinel's and Finkelstein's tests were negative. The injured worker was reported to have undergone surgery to the left shoulder on 03/07/2013. Per the clinical note dated April 23, 2014, the injured worker reported increasing pain to the left shoulder rated as moderate. Physical examination included tenderness, decreased range of motion and decreased strength. The injured worker did not wish to pursue surgery at the time. The Request for Authorization for medical treatment for the capsaicin cream and the TENS (transcutaneous electrical nerve stimulation) unit for purchase was not provided in the documentation nor was the provider's rationale for those services. Previous treatments for the injured worker included physical therapy, surgery, medications, activity restrictions, shoulder immobilizer, and modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 60GM: 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 Page(s): 112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific 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 in patients whose pain has not been controlled successfully with conventional therapy. There was a lack of documentation regarding the use of and the efficacy of topical capsaicin for the injured worker. There was a lack of documentation regarding oral medications utilized for the injured worker and the efficacy of those medications. There was a lack of documentation regarding adverse side effects or gastrointestinal issues related to the utilization of oral pain medications. There was a lack of documentation regarding a diagnosis of osteoarthritis, fibromyalgia, or nonspecific back pain for the injured worker. In addition, location for the use of the capsaicin was not provided in the request nor was the frequency and quantity of the request. The request for Capsaicin 60 grams is not medically necessary or appropriate.

TENS UNIT FOR PURCHASE FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS unit is not recommended as a primary treatment modality. Specific criteria is required for the use of a TENS unit including documentation of pain of at least 3 months duration for neuropathy, CRPS, or spasticity. There also must be evidence that other appropriate pain modalities have been tried and failed, other ongoing pain treatments should also be documented during the trial period. The TENS unit is appropriate for neuropathic pain and may be supplemental to management of spasticity in spinal cord injury. The guidelines recommend a 1 month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. There was a lack of documentation regarding a previous trial of the TENS unit and the efficacy of the trial. There was a lack of documentation regarding other pain modalities that have been utilized and the efficacy of the modalities. There was a lack of documentation regarding a diagnosis of neuropathy or spasticity for the injured worker. There was a lack of documentation regarding the treatment plan, including specific long and short term goals of treatment with the TENS unit for the injured worker. The request for the purchase of a TENS unit for the left shoulder is not medically necessary or appropriate.

