

Case Number:	CM14-0121825		
Date Assigned:	08/06/2014	Date of Injury:	01/30/2011
Decision Date:	09/12/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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, 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:

The patient is a 62-year-old male with a date of injury of 01/30/2011. The listed diagnoses per [REDACTED] are: 1. Right knee osteoarthritis, anterior cruciate ligament, and chondromalacia. 2. Left knee meniscus tear and Achilles tendon tear. 3. Left elbow epicondylitis and neuritis. 4. Shoulder rotator cuff tear. 5. Cervical spine sprain. According to progress report 06/05/2014, the patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back and cervical pain and bilateral shoulder pain with a torn RC. Objective finding includes positive drop test and decreased range of motion of bilateral shoulders. Treater states patient limps. This is the extent of the report. The patient would like to continue with conservative care including medications. Report 02/13/2014 revealed the patient has bilaterally knee, cervical spine, low back, and bilateral hand wrist and thumb pain. Treater states no surgery has been planned at this time, but the patient will need bilateral total knee surgery in the future. Treater states symptoms were discussed and "medicine adjusted." The medical file provided for review does not discuss any specific medication. This is a request for Ketoprofen powder 45 g, Tramadol HCL 15 g, Camphor crystals 1.8 g, Capsaicin powder 0.045 g, Lidoderm-based 124.15 gm, Dextromethorphan powder 10 g, Capsaicin powder 0.25 mg, and Lidoderm-based 74.98 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen powder 45g retro 12/21/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 22, 67, 68.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Ketoprofen powder. The treater is requesting "Ketoprofen powder 45g." The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first line of treatment. Given the patient's continued pain an NSAID may be indicated, but the treater is requesting Ketoprofen in a powder form without discussing why the patient would not be able to take conventional oral NSAIDs. Furthermore, the treater does not provided recommended dosing or duration of medication. Therefore, this request is not medically necessary.

Tramadol HCL 15g retro 8/14/13-10/7/13: 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 Page(s): 111.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The treater is requesting Tramadol HCL 15g for topical application. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy. Therefore, this request is not medically necessary.

Camphor crystals 1.8g retro 12/21/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: A search on the web at bouncingbotanicals.com states Camphor crystals are also known as "Cinnamomum camphora. Camphor crystal is frequently used to relieve muscular aches and pains, insect bites, local skin irritation and as a mild odorant. Camphor Powder is also used as perfumery ingredient in soaps, cosmetics, etc." Wikipedia.com states, "Camphor is a waxy, flammable, white or transparent solid with a strong aromatic odor."

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Camphor crystals 1.8g. The ACOEM, MTUS and ODG guidelines do not discuss Camphor crystals. A search on the web at bouncingbotanicals.com states Camphor crystals are also known as "Cinnamomum camphora. Camphor crystal is frequently used to relieve muscular aches and pains, insect bites, local skin irritation and as a mild odorant. Camphor Powder is also used as perfumery ingredient in soaps, cosmetics, etc." Wikipedia.com states, "Camphor is a waxy, flammable, white or transparent solid with a strong aromatic odor." ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." There needs to be medical evidence that this product will result in significant improvement and there is no such evidence yet. Therefore, this request is not medically necessary.

Capsaicin powder 0.045g retro 12/21/12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Capsaicin, topical (chili pepper/ cayenne pepper) 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. The number needed to treat in musculoskeletal conditions was 8. 1. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004) The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for OA pain. (Altman, 1994) Mechanism of action: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. (Maroon, 2006) Adverse reactions: Local adverse reactions were common

(one out of three patients) but seldom serious (burning, stinging, erythema). Coughing has also been reported. Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. (FDA, 2012) See also CRPS, medications; Diabetic neuropathy; & Topical analgesics. See also Herbal medicines for low back pain.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Capsaicin powder 0.045g. The MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. The requested powder contains 0.045% of Capsaicin which is not supported by MTUS. Therefore, this request is not medically necessary.

Lidoderm base 124.15gm retro 12/21/12: 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 Page(s): 111.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Lidoderm based cream. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, this request is not medically necessary.

Dextromethorphan HBR powder 10gm retro 8/14/13-10/7/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com Dextromethorphan is a cough suppressant. It affects the signals in the brain that trigger cough reflex. Dextromethorphan is used to treat a cough.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Dextromethorphan powder 10gm. The ACOEM, MTUS and ODG guidelines do not discuss Dextromethorphan powder. Drugs.com states "Dextromethorphan is a cough suppressant. It affects the signals in the brain that trigger cough reflex. Dextromethorphan is used to treat a cough. Dextromethorphan will not treat a cough that

is caused by smoking, asthma, or emphysema." The treater provides no discuss whatsoever about the medical necessity of this medication. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. Given the lack of discussion of the medical necessity of this medication, the request is not medically necessary.

Capsaicin powder 0.25mg, PCCA retro 8/14/13-10/7/13: 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 Page(s): 111.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Capsaicin powder 0.25g. The MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. The requested powder contains 0.25% of Capsaicin which is not supported by MTUS. Therefore, this request is not medically necessary.

Lidoderm base 74.98gm retro 8/14/13-10/7/13: 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 Page(s): 111.

Decision rationale: This patient presents with bilaterally knee pain with instability and swelling. The patient also complains of lower back, cervical pain and bilateral shoulder pain with a torn RC. The request is for Lidoderm based cream. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, this request is not medically necessary.