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| Case Number: | CM14-0185721 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 01/27/2004 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Pain Management 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 52-year-old female with a date of injury of 01/27/2004. According to progress report, 10/08/2014, the patient presents with cervical spine, bilateral shoulder, right hand, and left wrist pain. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm noted. Range of motion is limited due to pain. Examination of the shoulders revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins impingement signs are positive. There is subacromial tenderness, right side greater than left. Examination of the right wrist revealed well-healed left De Quervain's release and carpal tunnel scar. There is tenderness over the volar aspect of the wrist and positive palmar compression test and Tinel's sign. Examination of the left wrist revealed well-healed left De Quervain's release and carpal tunnel release scar with tenderness with hypersensitivity to touch. The listed diagnoses are: 1. Status post C4 through C7 discectomy at C4 to C5. 2. Retained sympathetic cervical hardware. 3. Status post right shoulder arthroscopic surgery and Mumford procedure. 4. Left shoulder impingement syndrome with acromioclavicular joint arthrosis. 5. Status post right De Quervain's/carpal tunnel release. 6. Status post left De Quervain's/carpal tunnel release. 7. Status post right long finger and thumb trigger finger release. Treatment plan is for refill of medications including transdermal compound topical creams. Utilization review denied the request on 10/21/2014. Treatment reports from 03/19/2014 through 10/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compounds (Capsaicin Powder/Hyaluronic Acid Sod Salt Powd/Camphor Crystals/Menthol Levo Crystals) 120ml, dispensing fee, compounding fcc (DOS 9/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transdermal compound (topical analgesic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee & Leg chapter) Hyaluronic acid injections

Decision rationale: This patient presents with neck, bilateral shoulder, and bilateral wrist and hand complaints. The current request is for transdermal compounds (capsaicin powder/hyaluronic acid/sodium salt powder/camphor crystals/menthol-levo crystals) 120 mL, dispensing fee, compounding fee (DOS 09/04/2014). The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, Hyaluronic acid is only supported by ODG (Knee & Leg chapter) for injections to treat severe osteoarthritis and not for topical use. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Hyaluronic acid is not supported by ODG for topical application; therefore, the entire compound cream cannot be supported. The request for Transdermal compounds (Capsaicin Powder/Hyaluronic Acid Sod Salt Powd/Camphor Crystals/Menthol Levo Crystals) 120ml is not medically necessary.

Transdermal compounds (Capsaicin Powder/Lidocaine HCL Powder/Camphor Crystals/Gabapentin Powder/Menthol Levo Crystals) 120ml, dispensing fee, compounding fee (DOS 9/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transdermal compound (topical analgesic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee & Leg chapter) Hyaluronic acid injections

Decision rationale: This patient presents with neck, bilateral shoulders, and bilateral hand and wrist complaints. The current request is for transdermal compounds (capsaicin powder/lidocaine-HCl powder/camphor crystals/gabapentin powder/menthol-levo crystals) 120 mL, dispensing fee, compounding fee (DOS: 09/04/2014). The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, Hyaluronic acid is only supported by ODG (Knee & Leg chapter) for injections to treat severe osteoarthritis and not for topical use. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Hyaluronic acid is not supported by ODG for topical application; therefore, the entire compound cream cannot be supported. The request

for Transdermal compounds (Capsaicin Powder/Lidocaine HCL Powder/Camphor Crystals/Gabapentin Powder/Menthol Levo Crystals) 120ml is not medically necessary.