

Case Number:	CM14-0026648		
Date Assigned:	06/13/2014	Date of Injury:	12/17/2008
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Texas. 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 39-year-old female who reported an injury after striking her shoulder against a trash can on 12/17/2008. The clinical note dated 10/08/2013 indicated diagnoses of rotator cuff tendon tear to the left shoulder, annular tear of the lumbar spine, and 1 to 2 mm disc bulge at L5-S1 of the lumbar spine. The injured worker reported pain in the lumbar spine and left shoulder. She reported the pain level varied throughout the day, but reported her pain level was a 9/10. On physical examination of the shoulder, there was tenderness to palpation over the left shoulder at the AC (Acromioclavicular) joint with decreased range of motion of the left shoulder. The lumbosacral spine range of motion revealed flexion of 40 degrees, extension of 20 degrees, right lateral flexion of 25 degrees, and left lateral flexion of 25 degrees. The range of motion of the lumbosacral spine revealed pain on flexion and left lateral flexion. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider's submitted requests for retrospective date of service 01/17/2014 capsaicin /menthol /camphor /tramadol duration unknown, frequency as needed, and retrospective for date of service 01/17/2014 Flurbiprofen /Diclofenac duration unknown, frequency 3 times daily. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FOR DATE OF SERVICE 1/17/2014 CAPSAICIN /MENTHOL /CAMPHOR /TRAMADOL (DURATION UNKNOWN, FREQUENCY AS NEEDED):
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 Analgesic Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% 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. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted did not indicate that the injured worker was not responding or intolerant to other treatments. In addition, capsaicin is for post herpetic neuralgia and diabetic neuropathy and post mastectomy pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for post herpetic neuralgia, diabetic neuropathy, or post mastectomy pain. In addition, there is lack of documentation of efficacy and functional improvement. Furthermore, the request does not indicate a dosage, frequency, or quantity for the medication. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Capsaicin /Menthol /Camphor /Tramadol (duration unknown, frequency as needed) dispensed on 1/17/2014 is not medically necessary and appropriate.

RETROSPECTIVE FOR DATE OF SERVICE 1/17/2014 FLURBIPROFEN /DICLOFENAC (DURATION UNKNOWN, FREQUENCY THREE TIMES DAILY):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flubiprofen, a Non-Steroid Anti-Inflammatory Drug (NSAID) is indicated for osteoarthritis and tendinitis, in

particular, that of the knee and elbow or other joints that are amenable to topical treatment it is recommended for short-term use (4-12 weeks). Diclofenac, Non-Steroid Anti-Inflammatory Drug (NSAID), is indicated for relief 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. Recommended for short-term use (4-12 weeks). Flurbiprofen is an NSAID indicated for osteoarthritis and tendinitis. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis or tendinitis. In addition, diclofenac is Non-Steroid Anti-Inflammatory Drug (NSAID) indicated for relief of osteoarthritis pain in joints. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis or tendinitis pain in the joints. In addition, there was a lack of documentation of efficacy and functional improvement. Furthermore, the provider did not indicate a dosage or quantity for the medication. Therefore, the request for Flurbiprofen /Diclofenac (duration unknown, frequency three times daily) dispensed on 1/17/2014 is not medically necessary and appropriate.