

Case Number:	CM14-0032771		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2001
Decision Date:	08/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 61-year-old female who reported who reported an injury on 03/27/2007 due to unknown mechanism. Past treatments included medications. There was no pertinent diagnostics documented and no pertinent surgical history submitted with documentation. The injured worker complained of continued pain to her right wrist and forearm and describes it as throbbing pain with occasional locking left middle finger. The injured worker also complained of having numbness and tingling in both hands and pain radiating in both upper extremities. On physical examination dated 02/03/2014, there was tenderness to the right index finger over the flexor tendon with healed incisions present in bilateral hands. Range of motion was decreased. The injured worker's diagnoses are rotator cuff syndrome bilateral shoulders, bilateral carpal tunnel syndrome status post bilateral carpal tunnel releases and left middle finger and right index finger tenosynovitis. The treatment plan from the provider is for the injured worker to continue to take medications Voltaren, Colace and Flurbiprofen menthol capsaicin topical compound medication. The Request for Authorization form was dated 10/11/2013 and was provided with documentation for review. The rationale for the requested topical compound was to reduce the impact on the injured worker's gastrointestinal system. was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace (docusate sodium) 100mg #60 1 tablet b.i.d.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The decision for Colace (docusate sodium) 100 mg 60 tablets 1 tablet b.i.d. is non-certified. According to the California MTUS Guidelines a prophylactic treatment of constipation should be initiated with the initiation of opioid medications. However, the current clinical documentation does not mention a complaints of constipation for which the requested proposed medication would be medically necessary. The efficacy of the medication was not provided to support continuation. The request is non-certified.

30gm flurbiprofen 25 -menthol 10%-camphor 3%-capsaicin .0375% topical cream: 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): 111-112.

Decision rationale: The request for 30 gm flurbiprofen 25 -menthol 10%-camphor 3%-capsaicin .0375% topical cream is non-certified. According to the California MTUS Guidelines topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine the efficacy or safety of the medication. These agents are usually applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interaction and no need to titrate. Guidelines also state there is little to no research to support the use of many of these agents. Capsaicin is recommended only as an option for those 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. The injured worker indicated that she has continued pain to her right wrist and also numbness and tingling in both hands that radiates to both upper extremities and describes weakness for both hands. However, the requested topical cream lacks notation of frequency and body part to be administered to. The percentage of capsaicin is not supported and the efficacy of the requested topical was not provided to support continuation. As such, the request is non-certified.