

Case Number:	CM14-0041363		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2009
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 Psychiatry 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:

48 year old male with date of injury 06/24/2009. Date of utilization review decision was 3/5/2014. Injury occurred due to a mental pipe falling on his left wrist. Report from 02/06/2014 suggests that injured worker has a lot of pain in the left wrist and has underwent several surgeries in the past. He has intermittent numbness and weakness as well and is taking medications to be functional. injured worker has been prescribed paxil 20 mg for depression. He also continues to be on norco, tramadol, naproxen sodium. injured worker has also undergone physical therapy sessions. Report from 12/26/2012 suggests that is being prescribed paxil and trazodone. Report from 10/12/2013 states that injured worker "is still having difficulty sleeping, wakes up several times at night and has element of stress and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro lotion 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/TOPICAL ANALGESICS Page(s): 105, 112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Capsacin> Page(s): 112, 113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) suggests that lidopro/Capsaicin are 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) The above documentation suggests that IW has been on various oral pain medications and medications help him stay functional. The request for lidopro lotion is not medically necessary at this time as it is recommended as an option for patients who have not responded to or are intolerant to other treatments.

Paxil 20 mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/SSRIS Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental Illness>, <Antidepressants for treatment of MDD (major depressive disorder)>.

Decision rationale: "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) A randomized controlled trial has indicated that the patient's smoking status is a credible factor that can be considered in the treatment plan. Specifically, antidepressant medication (fluoxetine/Prozac) has been found to compromise the success of smoking cessation efforts. (Spring, 2007) Consequently, if the patient is attempting to quit smoking, that effort causes anti-depressant moods.

Terocin patches for topical relief, # 20: 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 < Terocin, topical analgesics Page(s): 25, 60, 105, 111-113.

Decision rationale: Regarding the use of multiple medications, California Medical Treatment Utilization Schedule (MTUS) p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent Agency for Healthcare Research and Quality review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request for Terocin patches is not medically necessary at this time.