

Case Number:	CM14-0056418		
Date Assigned:	07/09/2014	Date of Injury:	12/27/2011
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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:

Injured worker is a 42 year old female with a date of injury 12/27/2011. She suffered cumulative trauma to her bilateral knees, ankles and hips while performing customary work duties working as a cook/janitor. The progress report dated 4/29/2014 suggested that she has been taking Norco for bilateral elbow pain. She reported left hip pain of 7/10 which increased to 10/10 on ambulation; Cymbalta was reported to be helpful for pain and anxiety per the report. A progress report (date unavailable) reflected that she reported multiple somatic complaints, poor sleep, depression and finding it difficult to live with chronic pain. It was indicated that she was seeing a psychologist as well as a school counselor once weekly. Per a report dated 3/5/2014, it was indicated that she had 12-20 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, page(s) 23, 100-102 Page(s): 23, 100-102.

Decision rationale: The California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider a separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain which has been causing problems with sleep, mood etc. The injured worker would be a good candidate for an initial trial of Cognitive Behavior. Therapy, however the request does not specify the number of sessions requested. Request for unspecified number of CBT sessions is not medically necessary.

Kapishot Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.fda.gov.

Decision rationale: The MTUS and the ODG are silent on this treatment. There is no result when a standard internet search is performed on this term. The FDA.gov has no entry for it. There is no documentation in the records available for review describing its ingredients, indication, nor its mention in any plan. As such, it is not medically necessary.

Dendracin Cream: 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 p105 Page(s): 105.

Decision rationale: Dendracin contains capsaicin, menthol, and methyl salicylate. Methyl salicylate may have an indication for chronic pain in this context. Per the MTUS p105, it is recommended that Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Capsaicin may have an indication for chronic pain in this context. Per the MTUS page 112 Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis. The MTUS also states 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 California MTUS, the ODG, National Guidelines Clearinghouse, and ACOEM provide no

evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per the MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, the MTUS page 60 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. The recent AHRQ 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. Such as, Dendracin Cream is not medically.