

Case Number:	CM14-0057071		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2008
Decision Date:	09/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology 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 62-year-old female who reported an injury on 04/22/2008, due to unknown mechanism. The injured worker complained of increased pain in the right hand and fingers, up into her forearms and to the medial elbow. On the physical examination dated 02/06/2014, there was tenderness to palpation to the right hand index finger and to the dorsum of the right hand and to the wrist and forearm. Tinel's sign was positive. Phalen's sign was present. There was diffuse forearm tenderness without specific swelling. The injured worker's diagnoses were carpal tunnel syndrome, left wrist ganglion cyst, wrist tenosynovitis, ulnar neuropathy, cubital tunnel syndrome, previous left shoulder surgery in 1984 and in 2003, status post left cubital tunnel and left carpal tunnel release and elbow epicondylitis, cervical strain and sprain syndrome, status post left cubital tunnel release, sleep disturbance, anxiety and depression. Surgical history includes surgery on the left shoulder dated 1984 and 2003, left cubital tunnel and left carpal tunnel release on 08/29/2008, left cubital tunnel release on 10/07/2010. The treatment plan was for the request of Exoten-C (Methyl Salicylate 20 %, Menthol 10 %, Capsaicin 0.002%) 113.4 ml to be applied to the affected area 2-3 times a day. The injured worker's medication is Cymbalta. The Injured worker's prior treatments were not submitted with documentation. The rationale for the request was that transdermal creams again for relief as oral pills are not able to be taken because of the effects on the injured worker's stomach as well as history of kidney function not submitted with documentation. The request for authorization form was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C (Methyl Salicylate 20% Menthol 10% Capsaicin 0.002%) 113.4 ml to be applied to the affected area two to three (2-3) times a day.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 105, 111, 112-113.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per guidelines, 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 as a treatment for osteoarthritis. Guidelines indicate that salicylate topical are recommended. Topical salicylate is significantly better than placebo in chronic pain. There is no documented evidence that the injured worker had a failed a trial of antidepressants or anticonvulsants. In addition there was no mention of the body location for application, as such, the request is not medically necessary and appropriate.