MAXIMUS Federal Services

Case Number:	CM14-0078069		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2006
Decision Date:	09/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 06/02/2006. While at work, the injured worker slipped on the wet top step as she descended some stairs. She lost her footing and fell about 2 feet. She landed on both knees and hands. Diagnoses were cervical spine sprain/strain, right shoulder impingement syndrome, lumbar spine sprain/strain, status post left knee arthroscopy, right knee sprain/strain, right carpal tunnel syndrome, right DeQuervain's tendinosis, left hand/wrist strain, asymptomatic, internal complaints, left shoulder impingement, compensatory. Past treatments have been physical therapy, injections to the left knee, and 2 cortisone injections to the right shoulder. Diagnostic studies have been x-rays, MRI of the cervical spine and lumbar spine, MRI right shoulder, EMG 2013, and right knee MRI in 04/2014. Surgical history was arthroscopic surgery for the left knee. The injured worker had a physical examination on 05/29/2014 with complaints of being frustrated with the lack of care. She reported feeling depressed. The injured worker was upset about a weight loss program that had been denied. Examination of the right shoulder revealed a well healed incision. There was very limited range of motion and weakness on resisted movements. There was tenderness over the anterior and lateral deltoid. Right hand was well healed carpal tunnel release surgery. There appeared to be a positive Phalen's test. There was tenderness over the palmar aspect of the flexor tendons of the hand. Examination of the left hand was positive Phalen's testing. Cervical spine revealed pain and tenderness, mainly over the right paracervical and trapezius musculature. Range of motion produced pain with right rotation and extension. Lumbar spine had tenderness, guarding, limited range of motion, and a positive right-sided straight leg raise test. Left knee had a well healed arthroscopic, joint line tenderness, mild antalgic gait, and stable ligamentous components. Examination of the right knee revealed tenderness with decreased range of motion

secondary to pain. Medications were Norco 10/325, Prilosec, and AppTrim. Treatment plan was to continue medications as directed and to request pool therapy. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 1% 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin Page(s): 111, 112.

Decision rationale: The request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 1% 240 gm is non-certified. The California Medical Treatment Utilization Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 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. The guidelines do not support compounded topical analgesics. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.