

Case Number:	CM14-0080806		
Date Assigned:	07/18/2014	Date of Injury:	04/06/2011
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female with a reported injury on 04/06/2011. She sustained her injury while working; she was struck by a bicycle, sustaining an injury to her right knee. Her diagnoses consisted of pain in joint, lower leg, sprain/strain thoracic region, sprain/strain lumbar region. The injured worker has had previous treatments of physical therapy, steroid injections to the knee, massage therapy, acupuncture, modified duty, and oral medications. The injured worker had an examination on 05/16/2014 for a followup of her right knee pain. She reported that she had been doing her home exercise program every day, and that she was utilizing her coping mechanisms that she had learned for coping with her pain. She reported that she had stiffness to her neck and shoulders and that her low back pain was rated at an 8/10. She reported that she was having right knee pain and that she has had a flare up recently. Upon examination, it was noted that she did have a positive joint tenderness on her right knee. The list of medications consisted of capsaicin, diclofenac cream, Tylenol No. 3, and Lidoderm patch. The recommended plan of treatment was for her to renew her medications. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Topical Capsaicin 0.075% cream QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The request for Topical Capsaicin 0.075% cream QTY: 2 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The drug capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is usually generally available in a 0.025% formulation for arthritis. A 0.075% formulation is usually for diabetic neuropathy. There have been no studies or current indications the increase over the 0.025% formulation would provide any further efficacy. The injured worker does not have diagnoses of osteoarthritis or of diabetic neuropathy. The efficacy of this medication was not provided, and the request does not specify directions as far as duration, frequency, and the placement of to where it is to be applied. There is a lack of evidence to support the medical necessity of this medication without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Topical Capsaicin 0.075% cream QTY: 2 is not medical necessity.

Medication-Topical Diclofenac Sodium 1.5% QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical NSAIDS Page(s): 112.

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

Decision rationale: The request for Topical Diclofenac Sodium 1.5% QTY: 4 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Diclofenac is a non-steroidal antiinflammatory agent and the efficacy of this treatment modality has been inconsistent and most studies are small and of short duration. The use of non-steroidal antiinflammatory agents is recommended for use for 4 to 12 weeks. And indicated for osteoarthritis. There is not a diagnosis of osteoarthritis. It is unknown how long the injured worker has been using this product. The efficacy of this medication was not provided, and the request does not specify directions as far as duration, frequency, and the placement of to where it is to be applied. There is a lack of evidence to support the medical necessity of this medication without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Topical Diclofenac Sodium 1.5% QTY: 4 is not medically necessary.