MAXIMUS Federal Services

Case Number:	CM14-0085117		
Date Assigned:	07/23/2014	Date of Injury:	01/14/2013
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 Ohio and Texas. 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 61 year old female who reported an injury on 01/14/2013. The mechanism of injury was not provided. Her diagnoses were listed as lumbar sprain or strain, shoulder impingement, lateral epicondylitis, and brachial neuritis or radiculitis. The past treatments included medications and injections. Her relevant diagnostic studies include MRI scans of the cervical, thoracic and lumbar spines, as well as bilateral shoulders. The reports were not provided. Her surgical history included a right carpal tunnel decompression on 03/25/2013. On 04/09/2014, the injured worker complained of back and bilateral shoulder pain. She also reported persistent headaches. Upon physical examination, she was noted to have spasm in the cervical spine area and reduced sensation in the bilateral median nerve distribution. Right shoulder was noted to have a positive impingement and the left shoulder range of motion was unable to be examined due to the injured worker's pain. The current medications were not provided. The treatment plan was to continue the medications, to begin physical therapy, to request authorization for psychological evaluation, and to request authorization for capsaicin and lidoderm patches. The rationale for the request was not provided. The request for authorization form was signed and submitted on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.15 % liquid: 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 Capsaicin, topical; Topical analgesics Page(s): 28; 111-112.

Decision rationale: The request for Capsaicin 0.15% liquid is not medically necessary. The California MTUS Guidelines state that Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin was noted to have moderate to poor efficacy. The guidelines also state that there is no indication that a formulation greater than 0.025% provides any further efficacy. The injured worker complained of pain to the back and shoulders. The documentation did not provide evidence of the failure of or an intolerance to other treatments. Additionally, as the request is written there is no frequency or quantity provided. Therefore, the request is not medically necessary.

Lidoderm patches # 30: 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 Topical analgesics; Lidoderm Page(s): 111-112; 56-57.

Decision rationale: The request for Lidoderm patches #30 is not medically necessary. The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tricyclic antidepressant or antiepileptic drug. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complained of pain to the back and shoulders. The documentation did not provide evidence of the failure of first-line therapy. There is no indication of post-herpetic neuralgia. The guidelines state further research is needed to recommend Lidoderm for disorders other than post-herpetic neuralgia. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.