

Case Number:	CM14-0085339		
Date Assigned:	07/23/2014	Date of Injury:	11/12/2009
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 48-year-old female with a 11/12/09 date of injury, and status post left shoulder surgery 5/28/10 and status post rotator cuff repair 3/24/11. At the time (6/20/14) of request for authorization for Pantoprazole Protonix 20mg, count 60 and Capsaicin 1.175% cream. There is documentation of subjective (chronic left shoulder pain) and objective (limited left shoulder range of motion, tenderness to palpation over the biceps tendon and subacromial area, mild supraspinatus and rhomboid tenderness, atrophy, and diminished sensation in the left upper extremity) findings. Current diagnoses are (pain in joint shoulder, chronic pain). The treatment to date includes (cortisone injections, acupuncture, physical therapy, functional restoration program, and medications (including Naproxen, Etodolac, Tramadol, and Gabapentin). The 6/3/14 medical report identifies that the patient has a past history of heartburns and takes Protonix for GI prophylaxis, and patient finds this medication is helpful. In addition, the 6/3/14 medical report identifies that the current use of topical Capsaicin is to prevent escalation of Naproxen. Medical records identify request is for retrospective use of Capsaicin 0.075%. Regarding the requested Pantoprazole Protonix 20mg, count 60, there is no documentation that Pantoprazole is being used as a second-line. Regarding the requested and Capsaicin 1.175% cream, there is no documentation of post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain for which Capsaicin 0.0.75% formulation is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Protonix 20mg, Count 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of pain in joint shoulder, chronic pain. In addition, there is documentation that Pantoprazole is being used to prevent gastric ulcers induced by NSAIDs. However, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole Protonix 20mg, count 60 is not medically necessary.

Capsaicin 1.175% cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical Capsaicin in a 0.025% formulation (as treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Within the medical information available for review, there is documentation of diagnoses of pain in joint shoulder, chronic pain. In addition, there is documentation of a request for Capsaicin 0.075%. Furthermore, there is documentation that the patient has not responded to other treatments. However, there is no documentation of post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain for which Capsaicin 0.075% formulation is indicated. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 1.175% cream is not medically necessary.

