

Case Number:	CM14-0088537		
Date Assigned:	07/23/2014	Date of Injury:	10/08/2013
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational Medicine 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 47-year-old female with a 10/8/13 date of injury. At the time (5/22/14) of the Decision for Prospective use of Capsaicin 0.25%, Prospective use of Flurbiprofen 15%, Prospective use of Tramadol 15%, and Prospective use of Menthol 2%, there is documentation of subjective (sharp and constant low back pain rated 7-8/10, upper and left shoulder, dull to sharp left wrist pain rated 5/10, and shooting pain to both legs with numbness and tingling of the leg and left hand, and left elbow sharp pain rated 4-5/10) and objective (tenderness, positive straight leg raise, positive impingement test, positive Cozen's test, and positive Phalen's test) findings, current diagnoses (cervical, thoracic, and lumbar spine intervertebral disc syndrome and radiculitis, left shoulder internal derangement, left elbow tendinitis, and left wrist sprain), and treatment to date (not specified). Regarding Prospective use of Capsaicin 0.25%, there is no documentation that patient has not responded or is intolerant to other treatments. Regarding Prospective use of Flurbiprofen 15%, Prospective use of Tramadol 15%, and Prospective use of Menthol 2%, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Capsaicin 0.25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The 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. 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical, thoracic, and lumbar spine intervertebral disc syndrome and radiculitis, left shoulder internal derangement, left elbow tendinitis, and left wrist sprain. However, there is no documentation that patient has not responded or is intolerant to other treatments. Therefore, based on guidelines and a review of the evidence, the request for Prospective use of Capsaicin 0.25% is not medically necessary.

Prospective use of Flurbiprofen 15%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical, thoracic, and lumbar spine intervertebral disc syndrome and radiculitis, left shoulder internal derangement, left elbow tendinitis, and left wrist sprain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Prospective use of Flurbiprofen 15% is not medically necessary.

Prospective use of Tramadol 15%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical, thoracic, and lumbar spine intervertebral disc syndrome and radiculitis, left shoulder internal derangement, left elbow tendinitis, and left wrist sprain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Prospective use of Tramadol 15% is not medically necessary.

Prospective use of Menthol 2%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical, thoracic, and lumbar spine intervertebral disc syndrome and radiculitis, left shoulder internal derangement, left elbow tendinitis, and left wrist sprain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Prospective use of Menthol 2% is not medically necessary.