

Case Number:	CM14-0089839		
Date Assigned:	09/10/2014	Date of Injury:	03/11/2011
Decision Date:	10/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Medicine and is licensed to practice in 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 46 year old male injured on 03/11/11 due to a fall from a ladder resulting in diagnoses of lumbar disc displacement without myelopathy, lower leg joint pain, neck pain, shoulder joint pain, and unspecified major depression. The injured worker underwent right knee surgery on 10/08/12, lumbar epidural steroid injection on 01/08/13 and 03/19/13, right foot fusion on 09/25/13, and was scheduled for hardware removal on 04/08/14; however, surgery was cancelled due to medical clearance. Clinical note dated 04/30/14 indicated the injured worker presented complaining of neck, upper extremity, right hip, right shoulder, knee, back, and right foot pain. The injured worker reported continued swelling and discoloration in the foot with sharp pain in the medial aspect of the foot. The injured worker also complained of grinding in the right shoulder with movement in addition to pain. The injured worker complained of numbness and pain in the upper extremities worse from the elbows to the hands, right greater than left. Extensive review of diagnostic studies provided. No physical examination or list of medications provided. The initial request was non-certified on 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 jars of Capaalcin 0.075% 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.

Decision rationale: As noted on page 28 of the Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for 2 jars of Capsaicin 0.075% cream cannot be recommended as medically necessary.

60 tablets of Quetiapine Famarate (Seroquel) 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Quetiapine (Seroquel)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Seroquel is not recommended as a first-line treatment for conditions covered in Official Disability Guidelines - Online version. Additionally, the use of Seroquel for the treatment of insomnia has no significant evidence to support its use. As such, the request for 60 tablets of Quetiapine Famarate (Seroquel) 25 mg cannot be recommended as medically necessary.