

Case Number:	CM14-0190633		
Date Assigned:	11/24/2014	Date of Injury:	04/15/2014
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 61 year old male with an injury date of 04/15/14. The 10/22/14 progress report states that the patient presents with constant, sharp, moderate, throbbing left wrist pain with muscle spasms. The 08/28/14 report states the patient has constant bilateral wrist pain, neck pain, mid back and left elbow pain. The patient is to remain off work until 12/06/14. Examination of 10/22/14 reveals bruising and disfigured bones present at the right wrist with decreased painful range of motion. There is tenderness to palpation of the lateral and medial wrist. The following tests cause pain: Phalen's, Tinel's, Reverse Phalen's and Finkelstein's. Examination from 08/28/14 shows tenderness over the left lateral and medial epicondyle, left palmar and the right thoracic paraspinals at T5-T7. The patient's diagnoses include: 1. Closed fracture of the wrist 2. Left wrist internal derangement 3. Carpal wrist sprain/strain (08/28/14 report) 4. Insomnia (08/28/14 report) 5. Anxiety (08/28/14 report) 6. Depression (08/28/14 report) Medications as of 08/28/14 are listed as: Hydrocodone, Cyclobenzaprine, and Pantoprazole. The utilization review being challenged is dated 11/07/14. Reports were provided from 07/09/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patch (1): 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; Medications for chronic pain Page(s): 29; 60-61.

Decision rationale: The patient presents with pain in the bilateral wrists, neck, mid back and left elbow. The treater requests for Capsaicin patch (1) per report of unknown date. The RFA is not included. The Utilization review of 11/07/14 states the RFA is dated 10/23/14. MTUS page 29 guidelines state that Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. MTUS states that 0.025% is effective with higher dose formulation providing no further efficacy. Patch formulation is not discussed. The treater does not discuss the use of this medication in the reports provided. It is unknown how long the patient has been prescribed Capsaicin patch. The patient does present with chronic, nonspecific back pain, neuropathic and musculoskeletal pain; however, the request does not state the patch concentration. Concentration higher than 0.025% is not recommended. MTUS page 60 requires that pain and function be recorded when medications are used for chronic pain. Given the lack of any such discussion, the request is not medically necessary.