

Case Number:	CM14-0202351		
Date Assigned:	12/12/2014	Date of Injury:	02/03/2014
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 51 year old female with an injury date of 02/03/14. Based on the 11/03/14 progress report, the patient complains of tenderness to palpation over the posterior aspect of right side/shoulder on left side. Her neck has tenderness to palpation present over the upper trapezius. Her range of motion is mildly restricted. Based on the 11/13/14 report, the patient complains of pain in both shoulders right greater than left. She has low back pain with radiation to the lower extremities. Palpation of the lumbar paraspinal muscles was diffusely tender. She had decreased sensation in the L4 distribution on the right versus the left. The 11/21/14 report indicates that the patient has left knee pain, bilateral shoulder pain, and internal derangement of the shoulders. She complains of night sweats, fever, headaches and severe fatigue. The patient's diagnoses includes the following: Pain in joint lower leg Pain in joint shoulder Right rotator cuff tear Chronic low back pain Fibromyalgia Osteoarthritis of right acromioclavicular joint The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 08/29/14-12/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream #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 Topical creams Page(s): 111.

Decision rationale: The patient presents with left knee pain, bilateral shoulder pain, and internal derangement of the shoulders. The request is for Capsaicin 0.075% Cream #1. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The request is for Capsaicin 0.075% cream, which is not supported by MTUS Guidelines. Therefore, the requested Capsaicin 0.075% cream #1 is not medically necessary.

Diclofenac Sodium 1.5% 60gm #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 Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with left knee pain, bilateral shoulder pain, and internal derangement of the shoulders. The request is for Diclofenac Sodium 1.5% 60gm #1. The patient was first prescribed Diclofenac Sodium on 11/13/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient complains of left knee pain, bilateral shoulder pain, and internal derangement of the shoulders. MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from MTUS guidelines, the requested Diclofenac Sodium is not medically necessary.