

Case Number:	CM14-0067552		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2013
Decision Date:	01/27/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine Rehab, 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 30 year old female who reported a significant burn and pain to the right wrist on 06/28/2013 when she was splashed with hot oil as she lost her grip of a frying pan. She states when the oil splattered on her right hand she quickly moved her hand out of the way and felt a pop within the right wrist causing pain. Attending physician's examination notes indicate the injured worker continued to complain of right wrist pain associated with weakness, numbness, and tingling sensation involving the fingers. Treatments of NSAIDs and physical therapy were documented as failed. X-ray report dated 02/03/2014 and MRI report dated 03/22/2014 were unremarkable. A electromyography (EMG) and nerve conduction studies (NCV) of the bilateral upper extremities dated 04/24/2014 reported abnormal with right side prolonged onset and delayed velocity. Treating physician's note dated 03/11/2014 documented nonspecific tenderness at the right wrist. A Phalen's test, Tinel's sign and Finkelstein's test reveal pain on the right wrist. Diagnoses include sprain of other specified sites of right elbow and forearm, tenosynovitis of right hand and wrist, pain in joint involving right hand, and De Quervain's tenosynovitis, right. Treatment plan included a follow up evaluation with a hand surgeon, right wrist brace, and pain medication. On 04/11/2014, the injured worker had complaints of pain to the right forearm, right wrist, and right hand, indicating that they were dull and achy with stiffness and cramping. She indicated that her right wrist pain was radiating to her hands and fingers with numbness and tingling. Weakness was aggravated by grabbing and grasping or gripping. Upon physical examination, there was 3+ tenderness to the dorsal forearm and volar forearm with palpation, with a muscle spasm to the dorsal forearm and volar forearm. Her forearm range of motion to the right forearm was normal, though indications of pain were noted. Range of motion to the right wrist also had indications of pain during range of motion, which were within normal limits. There were also indications of +3 tenderness to the dorsal and

volar wrists, with a muscle spasm of the forearm. Pain was associated with Phalen's and Finkelstein's, although further tests indicated that they were negative. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for capsaicin patch is not medically necessary. The California MTUS Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments, indicating that capsaicin is generally available in a concentration of 0.025% as a treatment for arthritis and 0.075% formulation used for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is not recommended in a patch form. Additionally, the request as submitted does not indicate the frequency or location at which the patch is to be placed. As such, the request for Capsaicin Patch is not medically necessary.