

Case Number:	CM15-0100809		
Date Assigned:	06/03/2015	Date of Injury:	07/02/2002
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male with a July 2, 2002 date of injury. A progress note dated April 15, 2015 documents subjective findings (worsening bilateral shoulder, arm, elbow, and wrist pain with stiffness, numbness, and weakness; stress, anxiety, depression; sleep issues), objective findings (tenderness to palpation of the bilateral shoulder, arms, elbows and wrists with associated spasm and decreased range of motion), and current diagnoses (sprain/strain of the elbow/arm, unspecified; carpal tunnel syndrome; trigger finger). Treatments to date have included medications. The treating physician documented a plan of care that included a psych evaluation, Cyclobenzaprine cream, and Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation to include testing and biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Depression screening by a nine-item Patient Health Questionnaire (PHQ-9) in Up-To-Date.com.

Decision rationale: This injured worker receives treatment for chronic pain and stress, anxiety, depression and sleep issues. The patient has pain involving the elbows, forearms, and wrists. The medical diagnoses include carpal tunnel syndrome, upper extremities strains and pain. This review addresses a request for referral to "psych" for testing and biofeedback. The patient's symptoms relate back to an industrial injury dated 07/02/2002. The documentation does not include any information about the mechanism of injury, nor does it make clear what prior treatments have been tried and failed. The request for "psych" is not defined; it is unclear if this refers to a medical psychiatrist or a clinical psychologist. The documentation does not make clear what the clinical diagnosis is or what attempts at diagnosis were already attempted; for example, a PHQ-9 questionnaire. The PHQ-9 is a well respected screening tool for major depression. The documentation contains a checkbox type medical form without any accompanying narrative. Based on the documentation, a refer to "psych" is not medically necessary.

Cyclobenzaprine 2% cream #60gm: Upheld

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

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

Decision rationale: This injured worker receives treatment for chronic pain and stress, anxiety, depression and sleep issues. The patient has pain involving the elbows, forearms, and wrists. The medical diagnoses include carpal tunnel syndrome, upper extremities strains and pain. The patient's symptoms relate back to an industrial injury dated 07/02/2002. The documentation does not include any information about the mechanism of injury. This review addresses a request for refills of cyclobenzaprine cream. The documentation does not state what degree of function is provided by the cream. In addition the treatment guidelines address topical analgesics in the following way. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a product contains at least one drug or drug class that is not recommended, then that product cannot be recommended. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated to treat chronic pain when used in a topical form. Cyclobenzaprine cream is not medically necessary.

Capsaicin 0.375% cream #60gm: Upheld

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

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

Decision rationale: This injured worker receives treatment for chronic pain and stress, anxiety, depression and sleep issues. The patient has pain involving the elbows, forearms, and wrists. The medical diagnoses include carpal tunnel syndrome, upper extremities strains and pain. The patient's symptoms relate back to an industrial injury dated 07/02/2002. The documentation does not include any information about the mechanism of injury. This review addresses a request for refills of capsaicin 0.375% cream. The documentation does not state what degree of function is provided by the cream. In addition the treatment guidelines address topical analgesics in the following way. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a product contains at least one drug or drug class that is not recommended, then that product cannot be recommended. capsaicin is a topical irritant derived from the chile pepper. Capsaicin may be medically indicated for some cases of post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. This patient does not have any of these conditions. The guidelines state that there must be documentation that other treatments have been tried and failed. This was not provided. Topical capsaicin cream 0.375% is not medically necessary.