

Case Number:	CM15-0015523		
Date Assigned:	03/17/2015	Date of Injury:	03/15/1996
Decision Date:	04/16/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 70 year old female, who sustained an industrial injury on March 15, 1996. The mechanism of injury is not indicated within the records provided for this review. The injured worker was diagnosed as having bilateral rotator cuff tendinosis, bilateral carpal tunnel syndrome, and right cervical radiculopathy. Treatment to date has included medications, and transcutaneous electrical nerve stimulation. The PR-2 on January 8, 2015, indicates the injured worker is seen for follow-up to neck and right upper arm pain and numbness and tingling. She has rated her pain as 6-7/10 on a pain scale, and indicates her pain is unchanged from the previous visit. She reports swelling and infection of the left leg, for which she is on antibiotics. She indicates she takes Naproxen 550mg twice daily with Norco 10/325mg 2-3 daily. The provider indicates Omeprazole is used for protection of the gastrointestinal system. The injured worker reveals that she attains approximately 50% pain reduction with her current regiment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 (Caps0.05%+Cyclo 4%) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a topical analgesic containing capsaicin and cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case the patient does not suffer from fibromyalgia or osteoarthritis. Capsaicin is not recommended. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

CM3 Ketoprofen 20% x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112.

Decision rationale: This medication is a topical analgesic containing ketoprofen. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Ketoprofen is not recommended as a topical preparation. The request should not be authorized.

1 Supplies for orthostim to include batteries, patches, and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: Orthostim unit is a TENS unit. TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of

transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient is participating in a functional restoration program. The request should not be authorized.