

Case Number:	CM15-0134483		
Date Assigned:	07/22/2015	Date of Injury:	05/22/2014
Decision Date:	08/18/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male who sustained an industrial injury on 5-22-14. Diagnoses are pain in joint-ankle foot and pain psychogenic. In a visit note dated 6-26-15, the treating physician reports the injured worker continues to have left heel pain which is worse with ambulation. He is bothered by intermittent instability and states that his ankle will give out on him sometimes. He prefers to avoid narcotic medication and does not benefit from topical creams. An MRI of the left ankle on 9-3-14 reveals sequelae of anterior talofibular and tibiofibular ligament sprain-partial tear, medial talar dome osteochondral lesion with marrow edema, mild achilles tendinosis with partial longitudinal tear-intrasubstance degeneration, and minimal peroneal and flexor tenosynovitis. Current medications are Capsaicin, Diclofenac Sodium, Hydrochlorothiazide, and Lisinopril. The injured worker is status post left ankle surgery on 12-8-14 and he has completed post operative as well as additional therapy but continues to be symptomatic. A Tenex procedure with post operative physical therapy has been requested by another treating physician. Work status is temporary total disability pending recovery from surgery. The requested treatment is to refill his topical medications; Capsaicin 0.075% Cream, quantity of 1 and Diclofenac Sodium 1.5% 60 grams for a quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream Qty: 1: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that capsaicin, topical analgesic, is effective for chronic pain management. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). In addition, there is no evidence of functional improvement with its prior use. Therefore, the request for Capsaicin cream is not medically necessary.

Diclofenac Sodium 1.5% 60gm, Qty: 1: 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 Nonselective NSAIDS, Topical Analgesics Page(s): 72, 111.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. There is no evidence that this patient has ankle's osteoarthritis pain. In addition, there is no evidence of objective functional improvement with the prior use of this cream. Therefore, the request for Diclofenac Sodium 1.5% cream, 60gr is not medically necessary.