

Case Number:	CM15-0141070		
Date Assigned:	07/30/2015	Date of Injury:	08/07/2014
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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:

The injured worker is a 33 year old female, who sustained an industrial injury on 8-7-14. She has reported initial complaints of injuries to the bilateral hands, bilateral wrists, bilateral arms and bilateral elbows. The diagnoses have included bilateral carpal tunnel syndrome and bilateral elbow medial epicondylitis. Treatment to date has included medications, diagnostics, and bracing, activity modifications, off of work, physical therapy, Functional Capacity Evaluation (FCE), and other modalities. Currently, as per the physician initial evaluation and report progress note dated 4-8-15, the injured worker complains of constant dull achy pain in the bilateral elbows and wrists with numbness, tingling and weakness. The bilateral wrist pain is rated 7 out of 10 on pain scale. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities and Magnetic Resonance Imaging (MRI) of the left elbow, right elbow, left wrist and right wrist. The physical exam reveals that there is tenderness to palpation of the right forearm and medial elbow and Tinel's is positive. There is tenderness to palpation of the left medial elbow and Tinel's is positive. The right wrist reveals tenderness to palpation at the thenar and volar wrist and Tinel's and Phalen's is positive. The left wrist reveals tenderness to palpation of the volar wrist, muscle spasm of the hypothenar and thenar, and Tinel's, Phalen's and reverse Phalen's is positive. Work status is temporary total disability. The physician requested treatment included Solaice 0.05-5% (menthol, capsaicin) topical analgesic, #120-30 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solaice 0.05-5% (menthol, capsaicin), topical analgesic, #120/30 with 0 refills: Overturned

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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.