MAXIMUS Federal Services

Case Number:	CM15-0203338		
Date Assigned:	10/20/2015	Date of Injury:	06/19/2014
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: Physical Medicine & Rehabilitation

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 45-year-old male who sustained an industrial injury on 6-19-2014 and has been treated for neck and low back pain with radiculopathy, bilateral shoulder, forearm, and hand pain, and he has diagnoses of De Quervain's; trigger finger to the thumb, 3rd and 4th digits on the right; and tenosynovitis of the left thumb. On 8-17-2015 the injured worker reported that shoulder, neck, back, and left hand pain had been intermittent, but the physician noted range of motion was "good" with each. The injured worker stated that the present treatment plan has been providing relief of symptoms. Examination revealed rotator cuff muscle tenderness with palpation, as well as slight tenderness on the left hand over the 1st metacarpal bone. There was no sensory deficit. Documented treatment includes thumb injections, a home inferential 4 unit, acupuncture, home exercise, and the physician is requesting authorization for medication including Capsaicin cream and Lidocaine patches, which are not, noted in previous progress notes. Omeprazole has also been part of the treatment plan stated to be for "GI problems" and has been prescribed since at least 6-2015. The provided records do not describe gastrointestinal symptoms or source. He has also been treated with NSAIDS, with the last noted 7-13-2015. The treating physician's plan of care includes Capsaicin cream 0.025 percent; Lidocaine patches #30, and Omeprazole #60 which were denied on 9-29-2015. The injured worker is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.025%, #1 for the management of chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to the shoulder, neck, back, and left hand. The request is for CAPSAICIN CREAM 0.025%, #1 FOR THE MANAGEMENT OF CHRONIC PAIN. Patient's diagnosis per Request for Authorization form dated 08/17/15 includes trigger finger stenosing tenosynovitis thumb 3rd and 4th digits. Physical examination on 08/17/15 revealed bilateral rotator cuff muscle tenderness and slight tenderness on the left hand over the 1st metacarpal bone. Treatment to date has included thumb injections, a home inferential 4 unit, acupuncture, home exercise, and medications. Patient's medications include Motrin, Omeprazole, Xanax, and Wellbutrin. The patient is off-work, per 07/13/15 report. MTUS Guidelines, Topical Analgesics Section, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS, page 29, Capsaicin, topical." Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. MTUS page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity A record of pain and function with the medication should be recorded." MTUS states that capsaicin in 0.025% formulation is indicated for "patients with osteoarthritis, fibromyalgia, and chronic non- specific back pain." In this case, the patient presents with pain to the shoulder, neck, back, and left hand. This topical would appear to be indicated for the patient's chronic non-specific back pain. However, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Therefore, the request IS NOT medically necessary.

Lidocaine patches, #30 for the management of chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to the shoulder, neck, back, and left hand. The request is for LIDOCAINE PATCHES, #30 FOR THE MANAGEMENT OF CHRONIC PAIN. Patient's diagnosis per Request for Authorization form dated 08/17/15 includes trigger finger stenosing tenosynovitis thumb 3rd and 4th digits. Physical examination on 08/17/15 revealed bilateral rotator cuff muscle tenderness and slight tenderness on the left hand over the 1st metacarpal bone. Treatment to date has included thumb injections, a home inferential 4 unit, acupuncture, home exercise, and medications. Patient's medications include Motrin, Omeprazole, Xanax,

and Wellbutrin. The patient is off-work, per 07/13/15 report. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. According to MTUS, Lidocaine patch is indicated for localized peripheral neuropathic pain, and it would appear to be indicated for the patient's left hand pain. However, the patient also presents with pain to the shoulder, neck, and back. Guidelines do not recommend this medication for axial spinal pain or shoulder conditions. Treater has not provided reason for the request, nor indicated where the Lidoderm patch is applied and with what efficacy. Furthermore, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. There are no discussions of how this medication specifically helps in pain reduction and functional improvement. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg, #60 for GI upset: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to the shoulder, neck, back, and left hand. The request is for OMEPRAZOLE 20MG, #60 FOR GI UPSET. Patient's diagnosis per Request for Authorization form dated 08/17/15 includes trigger finger stenosing tenosynovitis thumb 3rd and 4th digits. Physical examination on 08/17/15 revealed bilateral rotator cuff muscle tenderness and slight tenderness on the left hand over the 1st metacarpal bone. Treatment to date has included thumb injections, a home inferential 4 unit, acupuncture, home exercise, and medications. Patient's medications include Motrin, Omeprazole, Xanax, and Wellbutrin. The patient is off-work, per 07/13/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications per progress reports dated 02/11/15 and 08/17/15. It is not known when this medication was initiated. Per 08/17/15 report, treater states "Omeprazole twice a day for GI problems." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. In addition, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Furthermore, the patient has been taking Omeprazole at least since 02/11/15, which is more than 7 months from UR date of 09/29/15, and there is not discussion on how the patient is doing and why he needs to continue with this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.