

Case Number:	CM15-0028177		
Date Assigned:	03/18/2015	Date of Injury:	08/27/2008
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 41-year-old female who sustained an industrial injury on August 27, 2008. She has reported upper extremity pain and has been diagnosed with carpal tunnel syndrome. Treatment has included surgery of the left wrist, medications, and physical therapy. Currently the injured worker had tenderness on palpation to bilateral wrists. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 600 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are post laminectomy syndrome; and psychogenic pain. The documentation indicates the injured worker was on Relafen as far back as May 23, 2014. Relafen was changed to Motrin in a progress note dated July 11, 2014. This was a refill and Motrin was likely started June 2014 (progress note missing from the medical record). The most recent progress note medical record dated January 13, 2015, shows the treating physician still prescribed ibuprofen. Ibuprofen causes stomach upset in the worker and injured worker takes a proton pump inhibitor with good relief. There is no documentation with objective functional improvement. Ibuprofen is indicated at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been taking ibuprofen in excess of eight months without evidence of tapering. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of long-term ibuprofen, ibuprofen 600 mg #60 is not medically necessary.

Topical Compound Capsaicin 0.075% cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Capsaicin 0.075% cream #1 is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are humble syndrome; and psychogenic pain. The documentation indicates topical Capsaicin was prescribed by the treating physician as far back as July 11, 2014. Topical Capsaicin 0.075% cream was prescribed. Capsaicin was prescribed in the latest progress note January 13, 2015. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Pursuant to the guidelines, there are no current studies to support the formulation of Capsaicin over 0.025%. Therefore, the guideline recommendations do not support a Capsaicin formulation of 0.075%. Based on the clinical information in the medical

record and the peer-reviewed evidence-based guidelines, topical Capsaisin 0.075% cream #1 is not medically necessary.