

Case Number:	CM15-0219243		
Date Assigned:	11/13/2015	Date of Injury:	09/10/2010
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on 9-10-2010. The injured worker is undergoing treatment for: neck and left elbow pain. On 9-17-15, she reported neck pain and elbow pain rated 7 out of 10. On 10-16-15, she reported she had not significantly improved from her last exam. She reported pain to the neck rated 4 out of 10, and elbow pain rated 4 out of 10. Physical examination revealed normal gait, normal posture, no loss of cervical lordosis, no neck stiffness or splinting, tenderness in the paracervical and trapezius muscles, unrestricted neck range of motion, no muscle weakness; the left elbow with tenderness in the medial epicondyle and lateral epicondyle, no crepitation, and full range of motion and negative tinel's sign. The treatment and diagnostic testing to date has included: medications, rest, ice, elevation, heat. Medications have included: meloxicam, acetaminophen, cyclobenzaprine. Current work status: modified. The request for authorization is for: CMPD drug capsaicin powder 0.06, polysorbate 80 liquid 4.8ml, pacc vanishing base cream, lecithin granules, poloxamer 407 powder 120g, camphor crystal 2.4G, menthol levo crystals; and CMPD drug hyaluronic acid SOD salt .02G. The UR dated 10-27-2015: non-certified the request for CMPD drug capsaicin powder 0.06, polysorbate 80 liquid 4.8ml, pacc vanishing base cream, lecithin granules, poloxamer 407 powder 120g, camphor crystal 2.4G, menthol levo crystals; and CMPD drug hyaluronic acid SOD salt .02G.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Drug Capsaicin Powder 0.06, Polysorbate 80 Liquid 4.8 ML, Pacc Vanishing Base Cream, Lecithin Granules, Poloxamer 407 Powder 120g, Camphor Crystal 2.4g, Menthol Levo Crystals 1: Upheld

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

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

Decision rationale: This 39 year old female has complained of neck and left elbow pain since date of injury 9/10/2010. She has been treated with physical therapy and medications. The current request is for CMPD Drug Capsaicin Powder 0.06, Polysorbate 80 Liquid 4.8 ML, Pacc Vanishing Base Cream, Lecithin G. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the available medical records and per the MTUS guidelines cited above, the request for CMPD Drug Capsaicin Powder 0.06, Polysorbate 80 Liquid 4.8 ML, Pacc Vanishing Base Cream, Lecithin G. is not indicated as medically necessary.

CMPD Drug Hyaluronic Acid SOD Salt .02 Gram DOS 6/10/13: Upheld

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

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

Decision rationale: This 39 year old female has complained of neck and left elbow pain since date of injury 9/10/2010. She has been treated with physical therapy and medications. The current request is for CMPD Drug Hyaluronic Acid SOD Salt .02 Gram DOS 6/10/13. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the available medical records and per the MTUS guidelines cited above, the request for CMPD Drug Hyaluronic Acid SOD Salt .02 Gram DOS 6/10/13 is not indicated as medically necessary.