

Case Number:	CM15-0034981		
Date Assigned:	03/03/2015	Date of Injury:	07/01/2013
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona
 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 37-year-old female who reported an injury on 07/01/2013. The mechanism of injury was cumulative trauma. The diagnoses included cervical spine sprain/strain and carpal tunnel syndrome as well as anxiety disorders. Prior therapies included medications, work restrictions, and acupuncture. The injured worker underwent an MRI of the cervical spine on 09/24/2014. Other therapies additionally included psychotherapy. Documentation of 01/21/2015 revealed the injured worker had no significant improvements since the last examination. The injured worker had pain in the bilateral wrists with associated numbness and tingling. The injured worker was to be provided carpal tunnel splints. The injured worker was taking medications for pain as needed. The injured worker had spasms in the paravertebral muscles. The trapezius muscles were tender to palpation. The injured worker had reduced range of motion of the cervical spine. Sensation was reduced in the bilateral median nerve distribution. The motor strength was 5/5, and there was no atrophy. Grip strength was reduced bilaterally. The injured worker had a positive Phalen's test bilaterally and positive Tinel's bilaterally. The injured worker's medications included carisoprodol 350 mg tablets 1 tablet twice a day, naproxen sodium 550 mg 1 tablet daily, omeprazole DR 20 mg 1 tablet daily, Cymbalta 60 mg 1 tablet daily, and capsaicin 0.025% cream. Refills were added to the Cymbalta and capsaicin. The injured worker had utilized the capsaicin and Cymbalta since at least 09/2014. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that capsaicin is recommended as an option for injured workers who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to indicate the injured worker had not responded or was intolerant to other treatments. The efficacy of the medication was not provided. The frequency and body part to be treated was not provided per the submitted request. Given the above, the request for capsaicin 0.025% cream, #120 is not medically necessary.

Cymbalta 60 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment of the changes in the use of other medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and an objective improvement in function. There was a lack of documentation of an assessment in the changes of the use of other medications, sleep quality and duration, and psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Cymbalta 60 mg, thirty count is not medically necessary.