

Case Number:	CM15-0045286		
Date Assigned:	03/17/2015	Date of Injury:	07/29/2014
Decision Date:	04/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/10/2015

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 58-year-old female, who sustained an industrial injury on 7/29/2014. She reported stepping off a curb, twisting and falling onto her right side. The diagnoses have included pain in shoulder joint, pain in lower leg joint, pain in ankle/foot joint and lumbar disc displacement without myelopathy. Treatment to date has included physical therapy and acupuncture. According to the progress report dated 2/19/2015, the injured worker complained of pain in her right shoulder and right sided neck with radiation into the right upper extremity. She complained of persistent low back pain with radiation to the right lower extremity. She also complained of bilateral knee pain and left ankle pain. She stated that she had increased swelling in her right wrist and difficulty walking due to right ankle as well as left ankle pain. The injured worker complained of left wrist pain and was wearing a brace. The injured worker reported using the prescribed creams three times a day. She did not identify any modality that relieved the pain except for the creams. Physical exam revealed tenderness in the right shoulder, wrist, knee and ankle, and tenderness in the left wrist and ankle. The treatment plan was for Capsaicin 0.075% cream and Diclofenac sodium cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream , quantity 2: 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% #2 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 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 painting joint lower leg; pain in joint ankle foot; and lumbar disc displacement without myelopathy. The documentation does not contain evidence of failed first-line treatment with antidepressants and anticonvulsants. The injured worker states she does not want to take any oral medications. Capsaicin 0.075% is not clinically indicated. 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. Capsaicin requested is 0.075%. Any compounded product that contains at least one drug (capsaicin 0.075%) that is not recommended is not recommended. Consequently, topical Capsaicin 0.075% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Capsaicin 0.075% #2 is not medically necessary.

Diclofenac Sodium 1.5% 60gm, quantity 2 (DOS 01/07/2015): 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, Diclofenac cream 1.5% #60gm, #2 date service January 7, 2015 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. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee

and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are pain in joint lower leg; pain in joint ankle foot; and lumbar disc displacement without myelopathy. The documentation does not contain evidence of failed first-line treatment with antidepressants and anticonvulsants. Diclofenac is indicated and FDA approved for relief of osteoarthritis pain in the joint that lends itself to topical treatment. There is no documentation in the medical record the injured worker suffers with osteoarthritis or osteoarthritis related pain. Additionally, the documentation does not indicate the anatomical location for application of the topical analgesic. Consequently, absent clinical documentation with an appropriate clinical indication (osteoarthritis pain in a joint that lends itself to topical treatment), diclofenac cream 1.5% #60gm, #2 data service January 7, 2015 is not medically necessary.