

Case Number:	CM14-0122302		
Date Assigned:	08/06/2014	Date of Injury:	01/01/1999
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported injury on 01/01/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included right carpal tunnel syndrome, cervical discopathy, left shoulder impingement syndrome with rotator cuff tear, right shoulder impingement syndrome, status post left De Quervain's trigger finger, status post bilateral carpal tunnel. The previous treatments included medication, injections, and physical therapy. The diagnostic testing included an EMG/NCV. Within the clinical note dated 02/11/2014, it was reported the injured worker complained of cervical spine, right shoulder, left hand and wrist pain. The injured worker had recently undergone a right carpal tunnel release. On the physical examination of the cervical spine, the provider noted the injured worker had paravertebral muscle spasms with positive axial loading compression test. It was indicated the injured worker had tenderness around the levator scapulae extending into the upper extremities with a positive Spurling's. Upon the examination of the right shoulder, the provider noted the injured worker had tenderness around the anterior glenohumeral region. The request submitted is for transdermal compounds with Capsaicin powder, Hyaluronic Acid Sodium Salt powder, transdermal compound Capsaicin powder, Lidocaine, Gabapentin, Lidocaine, Aloe Vera, Capsaicin, Menthol, Camphor. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compounds Capsaicin Powder 0.148588%, Hyaluronic Acid Sod Salt Powder 4.75483%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112..

Decision rationale: The request for transdermal compounds Capsaicin powder 0.148588%, Hyaluronic Acid Sodium Salt powder 4.75483% is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is generally available in a 0.025% formulation. There is no indication that an increase over 0.025% formulation would prevent any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request failed to provide the frequency and quantity of the medication. The request failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

Transdermal Compounds Capsaicin Powder 0.0740192%, Lidocaine HCL Powder 7.40192%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112..

Decision rationale: The request for transdermal compounds Capsaicin powder 0.0740192%, Lidocaine HCL powder 7.40192% is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short term treatment of 4 to 12 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 01/2014 which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.025% Menthol 10%, Camphor 5% (patch): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112..

Decision rationale: The request for Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, and Capsaicin 0.025%, Menthol 10%, Camphor 5% (patch) is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. The guidelines recommend topical NSAIDs for short term use of 4 to 12 weeks. Gabapentin is not recommended for topical use. Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch, Lidoderm has been designated for orphan status by the FDA. Capsaicin is only recommended as an option in patients who have not responded or intolerant to other treatments. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The injured worker has been utilizing the medication since at least 01/2014 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.