

Case Number:	CM14-0124711		
Date Assigned:	08/08/2014	Date of Injury:	01/23/2006
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology and Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 1/23/06 date of injury, and status post right carpal tunnel release redo surgery and DeQuervain's release 9/21/10. At the time (7/25/14) of request for authorization for Naprosyn Cream 15%, Capsaicin Cream 60gm, and follow up psych including biofeedback times one and psych testing times two units, there is documentation of subjective (bilateral shoulder, elbow, and wrist pain, stiffness, weakness and numbness; anxiety, sadness, frustration, desperation and irritation) and objective (bilateral shoulder, elbow, and wrists tenderness to palpation and spasms) findings, current diagnoses (carpal tunnel syndrome, enthesopathy of wrist and carpus, and DeQuervain's radial styloid tenosynovitis), and treatment to date (medications (including Aspirin and Zantac), splinting, activity modification, and chiropractic treatment). 7/16/14 medical report identifies a request for capsaicin 0.0375%/menthol 10 % LDS 60 gm. Regarding the requested Naprosyn Cream 15%, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks) and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding the requested follow up psych including biofeedback times one and psych testing times two units, there is no documentation of lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, and that biofeedback is to be used in conjunction with cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn Cream 15%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, enthesopathy of wrist and carpus, and DeQuervain's radial styloid tenosynovitis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks) and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn Cream 15% is not medically necessary.

Capsaicin Cream 60gm: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, enthesopathy of wrist and carpus, and DeQuervain's radial styloid tenosynovitis. In addition, 7/16/14 medical report identifies a request for capsaicin 0.0375%/menthol 10 % LDS 60 gm. However, capsaicin 0.0375%/menthol 10 % LDS 60 gm contains at least one drug (capsaicin 0.0375%) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin Cream 60gm is not medically necessary.

Follow up psych including biofeedback times one and psych testing times two units:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Biofeedback Page(s): 100-102, 98, 24-25.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or stress/anxiety/depression and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of biofeedback in conjunction with cognitive behavioral therapy (CBT). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, ODG supports an initial trial of 4 visits of biofeedback. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, enthesopathy of wrist and carpus, and DeQuervain's radial styloid tenosynovitis. In addition, there is documentation of chronic pain and anxiety. However, there is no documentation of lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, and that biofeedback is to be used in conjunction with cognitive behavioral therapy (CBT). Therefore, based on guidelines and a review of the evidence, the request for follow up psych including biofeedback times one and psych testing times two units is not medically necessary.