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| Case Number: | CM14-0166491 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 08/30/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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, has a subspecialty in 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 47-year-old female with an 8/30/12 date of injury. At the time (9/15/14) of the Decision for retrospective request for Capsaicin and Diclofenac Sodium 1.5% 60 Gram, no refills (DOS 1/7/14), there is documentation of subjective (pain complaints are approximately the same) and objective (none specified) findings, current diagnoses (sprains and strains of neck and lumbar region), and treatment to date (medication including NSAIDs). There is no documentation that patient has not responded or is intolerant to other treatments and post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain; 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 and used as second line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin and Diclofenac Sodium 1.5% 60 Gram, no refills (DOS 1/7/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical and Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 28-29; 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

Decision rationale: Regarding Capsaicin cream, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments and post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain, as criteria necessary to support the medical necessity of topical capsaicin in a 0.075% formulation. Regarding Diclofenac Sodium 1.5%, 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 Diclofenac Sodium 1.5%. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of Diclofenac Sodium Gel. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of neck and lumbar region. However, there is no documentation that patient has not responded or is intolerant to other treatments and post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. In addition, 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). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin and Diclofenac Sodium 1.5% 60 Gram, no refills (DOS 1/7/14) is not medically necessary.