

<b>Case Number:</b>	CM14-0140710		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, low back, bilateral upper extremity, and shoulder pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of May 9, 2011. In a Utilization Review Report dated August 11, 2014, the claims administrator failed to approve request for capsaicin cream, diclofenac containing cream, and oral Naprosyn. The applicant's attorney subsequently appealed. In an August 12, 2014, progress note, the applicant reported ongoing complaints of shoulder pain. The applicant received acupuncture and infrared therapy in the clinic setting. The applicant's medications included capsaicin, diclofenac cream, Naprosyn, Zestril, and Zocor, it was acknowledged. The applicant was reportedly permanent and stationary. It was suggested (but not clearly stated) that the applicant was regular duty. In a progress note dated April 8, 2014, the applicant reported ongoing complaints of shoulder and elbow pain. It was stated that combination of oral medications and acupuncture were helping the applicant to maintain regular duty work status. The attending provider stated that the applicant's creams were not as effective as the oral medications, particularly during flares of pain. The applicant was, however, given the diagnosis of elbow epicondylitis and shoulder pain status post shoulder surgery. The attending provider stated that applicant's topical diclofenac was better suited to ongoing, lower-grade elbow pain complaints while Naprosyn was more effective for acute flares of pain. The applicant was again returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream #1: 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 Capsaicin topic Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant is reportedly responding favorably to ongoing usage of oral Naprosyn and topical diclofenac, effectively obviating the need for capsaicin cream at issue. The applicant's successful return to regular duty work and reports of appropriate analgesia achieved with both oral Naprosyn and topical diclofenac effectively obviated the need for capsaicin cream at issue. Therefore, the request is not medically necessary.

**Diclofenac Sodium 1.5% 60gm #1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as diclofenac are indicated in treatment of arthritis and tendonitis of the elbow or other joints amenable to topical treatment. Here, the applicant does have issues with elbow epicondylitis, an issue which is, in fact, amenable to topical application. The applicant has demonstrated a favorable response to previous usage of topical diclofenac as evinced by his successful return to regular duty work with and reports of appropriate analgesia with the same. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

**Naproxen Sodium- Anaprox 550mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic shoulder and elbow pain reportedly present here. As with the request for topical Voltaren, the applicant has responded

favorably to ongoing usage of Naprosyn as evinced by his successful return to and maintenance of regular duty work status with the same. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.