

Case Number:	CM14-0217495		
Date Assigned:	01/07/2015	Date of Injury:	06/27/2013
Decision Date:	03/03/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

49 year old female baker injured her right shoulder at work on 27 Jun 2013 while moving a heavy object above shoulder level. She was diagnosed with rotator cuff tear status post surgical repair and chronic shoulder pain. Comorbid conditions includes diabetes and hypertension. The patient complains of continued right shoulder pain at about the same level as before the surgery. Examination showed tenderness to palpation over the shoulder joint, positive impingement sign and decreased range of motion to the right shoulder. MRI of the right shoulder (31 Jul 2013) showed a high-grade interstitial tear of the supraspinatus tendon and acromioclavicular joint arthrosis. Treatment has included surgery (rotator cuff repair [9 May 2014]), physical therapy, steroid injection into right shoulder and medications (ibuprofen, tramadol ER, Norco, ketamine cream, naproxen, Vicodin, pantoprazole, capsaicin cream, diclofenac cream) but the medical records notes use of non-steroidal anti-inflammatory and opioid medications causes stomach upset and nausea. The topical medications have been effective in relieving the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capsaicin 0.075%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-9, 111-13.

Decision rationale: Capsaicin is a capsaicinoid compound with analgesic properties. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. This patient has developed gastrointestinal symptoms with use of conventional pain medications (opioids and non-steroidal anti-inflammatory drugs [NSAIDs]). Trial control with capsaicin cream has been effective in reducing the patient's symptoms without significant side effects. Medical necessity for continued use of this medication has been established.

Retro Diclofenac Sodium 1.5% 60 gm cream: Overturned

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 Drugs; Topical Analgesics Page(s): 67-72, 111-13.

Decision rationale: Diclofenac cream is a non-steroidal anti-inflammatory drug (NSAID) formulated for topical use. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesic medications have been shown to give local analgesia and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Since this patient does have a positive response to trial use of this medication and has a NSAID gastropathy preventing use of NSAIDs via the oral route, continued use of diclofenac cream for this patient is not contraindicated for intermittent or short-term therapy (up to 12 weeks).