

Case Number:	CM15-0012827		
Date Assigned:	01/30/2015	Date of Injury:	04/25/2013
Decision Date:	03/19/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 37 year old female sustained an industrial injury due to repetitive motion on 4/25/13, with subsequent ongoing neck, back, bilateral shoulders and bilateral hand pain. Treatment included medications, acupuncture, physical therapy and home exercise. EMG/NCV of bilateral upper extremities (9/4/13) was normal. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/4/14, the injured worker complained of pain 6-8/10 on the visual analog scale to the upper and lower back, right hand, neck and shoulder with a feeling of aching, burning and pins and needles in the right hand and shoulders. Physical exam was remarkable for a slow gait, tenderness to palpation to the lateral and medial epicondyle, pain upon resisted wrist extension and flexion, normal reflexes throughout and negative Hoffman's sign. Current diagnoses included neuralgia, neuritis and radiculitis, not otherwise specified, thoracic or lumbosacral radiculitis, lumbago, cervicgia, lateral epicondylitis and adjustment disorder with mixed anxiety and depressed mood. The injured worker quit her job in 5/13. The treatment plan included pain management counseling, eight sessions of physical therapy to the hands and Capsaicin cream. On 12/25/14, Utilization Review noncertified requests for Topical Capsaicin Cream 0.075%, #1 and Unknown Sessions of Pain Management Counseling citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin Cream 0.075%, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Capsaicin 0.075% #1 is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies to of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would not provide any further efficacy. In this case, the injured worker's working diagnoses are lateral epicondylitis; cervicalgia; lumbago; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; neuralgia, neuritis not otherwise specified; and adjustment disorder with mixed anxiety and depressed mood. The medications list contains Capsaicin 0.075% with instructions to apply one squirt over skin of affected areas to four times a day for pain relief. The documentation does not specify the area or areas to be treated. Additionally, the guidelines indicate an increase over 0.025% formulations would not any further efficacy. The formulation requested is Capsaicin 0.075%. Consequently, absent clinical documentation to support the anatomical area to be treated and guidelines that do not recommend formulations greater than 0.025%, topical Capsaicin 0.075% #1 is not medically necessary.

Unknown Sessions of Pain Management Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Mental illness and stress, Cognitive behavioral therapy

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, unknown sessions pain management counseling is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic

management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. The identification and reinforcement of coping skills is more often more useful in the treatment of pain than ongoing medication or therapy, which can lead to psychological or physical dependence. Patients should be screened for risk factors for delayed recovery including fear avoidance beliefs. The initial therapy for these "at risk" patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks of lack of progress from physical medicine alone. In this case, the injured worker's working diagnoses are lateral epicondylitis; cervicgia; lumbago; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; neuralgia, neuritis not otherwise specified; and adjustment disorder with mixed anxiety and depressed mood. The documentation from a December 4, 2014 progress note indicates the injured worker has complaints of anxiety, depression and paranoia. The injured worker, however, is able to perform the activities of daily living. The injured worker does not exhibit any specific signs of risks for delayed recovery or fear avoidance beliefs. The injured worker does not appear to be at risk. Consequently, unknown sessions pain management counseling are not medically necessary.