

Case Number:	CM15-0121776		
Date Assigned:	07/02/2015	Date of Injury:	10/20/2004
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old male, who sustained an industrial injury on October 20, 2004. The injured worker was diagnosed as having pain in joint shoulder. Treatment to date has included surgery, physical therapy and medication. A progress note dated April 21, 2015 provides the injured worker complains of chronic right shoulder pain radiating to right arm and rated 5/10. He reports a 50% decrease in pain with medication. Physical exam notes no tenderness on palpation in any extremity and normal muscle tone. There is a retrospective request (4/21/2015) for Capsaicin cream, Anaprox and Diclofenac sodium cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one container of Capsaicin 0.075% pepper cream (DOS 4/21/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113; Capsaicin, topical, page 28-29.

Decision rationale: Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There is no current indication that the 0.075% increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medications. The Retrospective one container of Capsaicin 0.075% pepper cream (DOS 4/21/2015) is not medically necessary and appropriate.

Retrospective 90 tablets of Naproxen Sodium (Anaprox) 550mg (DOS 4/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Retrospective 90 tablets of Naproxen Sodium (Anaprox) 550mg (DOS 4/21/2015) is not medically necessary and appropriate.

Retrospective one container of Diclofenac Sodium 1.5% cream 30 grams (DOS 4/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113; NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional

efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs (Diclofenac) and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Retrospective one container of Diclofenac Sodium 1.5% cream 30 grams (DOS 4/21/2015) is not medically necessary and appropriate.