

Case Number:	CM15-0127840		
Date Assigned:	07/14/2015	Date of Injury:	07/15/2012
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 58 year old female, who sustained an industrial injury on 7/15/2012. She reported progressive left shoulder pain. The injured worker was diagnosed as having pain in shoulder joint, status post left shoulder arthroscopy, neck pain, and cervicobrachial syndrome. Treatment to date has included diagnostics, left shoulder surgery in 2012, completion of Functional Restoration Program, physical therapy, acupuncture, home exercise, and medications. On 4/28/2015, the injured worker complains of chronic left shoulder and neck pain. She reported authorization for acupuncture and physical therapy and was to start treatment soon. She reported that Norflex was significantly beneficial for muscle spasms and was excited to start some rehabilitation. She reported muscle spasm severity was reduced to 3/10 from 8/10. She denied gastrointestinal symptoms. A review of symptoms noted that she denied anxiety, depression, hallucinations, or suicidal thoughts. Her medical history noted arthritis, depression, chronic musculoskeletal pain, and sleep disturbance. Current medications included Capsaicin 0.075% cream, Diclofenac 1.5%, Trazadone, Tramadol/APAP, Naproxen, Orphenadrine, and Clonidine. She was currently working and work status was permanent and stationary. Currently (5/26/2015), she reported that pain level was reduced from 7-8/10 down to 5/10 with acupuncture and physical therapy. She also stated that her last acupuncture session caused a flare in pain and her pain level was returning to baseline. She reported that medications helped to reduce pain and improve function and she was able to continue work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capcaisin 0.075% cream quantity 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28-29.

Decision rationale: This is a review for the requested Capsaicin 0.075% cream. In general, topical analgesics are largely experimental and primarily recommended for neuropathic pain per MTUS Guidelines. Capsaicin specifically is recommended as an option for patients who have not responded to other treatments. Medical documentation indicates this patient does have evidence of neuropathic pain which has not been responsive to previous treatments. Therefore, this above listed issue IS considered to be medically necessary.

Diclofenac Sodium 1.5% 60gm quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 113.

Decision rationale: This is a review for the requested Diclofenac Sodium 1.5% 60 gm topical. Diclofenac is an NSAID and is FDA approved for relief of osteoarthritis pain. Oral NSAIDs are generally recommended with some precautions. MTUS guidelines suggest the efficacy of treatment with topical NSAIDs is inconsistent. Specifically, topical NSAIDs are not recommended for osteoarthritis in the shoulder and they are not recommended for neuropathic pain. There is no documentation indicating the particular area for placement for the topical analgesic. There is no clear documentation indicating this patient has been intolerant or has had GI symptoms from oral NSAID therapy. In general more than one NSAID could produce a higher level of drug with higher systemic availability and risk for toxicity. Toxicity of dose has not been established for topical NSAIDs. Therefore, the above listed issue is considered NOT medically necessary.

Trazadone 50mg quantity 90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Trazodone.

Decision rationale: This is a review for the requested Trazadone 50 mg quantity 60. According to the ODG, Trazadone is recommended as an option for insomnia in patients with coexisting mild psychiatric symptoms. There is medical documentation indicating that this medication was, in fact prescribed for insomnia in the past. There is additional documented evidence to suggest that it was not helpful in this case. There is no reason to continue this medication if it is not efficacious. According to the physician letter addressing the medical necessity of this medication, the request for Trazadone is a retrospective request. A retrospective trial of Trazadone was medically necessary and appropriate in this case. Therefore, this retrospective request for Trazadone 4/28/15 IS considered to be medically necessary.