MAXIMUS Federal Services

Case Number:	CM15-0069350		
Date Assigned:	04/21/2015	Date of Injury:	12/16/2013
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 62 year old female, who sustained an industrial injury on December 16, 2013. She has reported shoulder pain, elbow pain, wrist pain, hand pain, and finger pain. Diagnoses have included hand sprain/strain, trigger finger, wrist sprain/strain, elbow sprain/ strain, rotator cuff syndrome, shoulder sprain/strain, lateral epicondylitis, medial epicondylitis, and insomnia. Treatment to date has included medications, imaging studies, and diagnostic testing. A progress note dated October 30, 2014 indicates a chief complaint of right hand pain, right wrist pain, right shoulder pain, right finger pain, and right elbow pain. The treating physician documented a plan of care that included evaluation with pain management specialist and transdermal pain creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Evaluation with Pain Management Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Retrospective: Evaluation with Pain Management Specialist is medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation states that the patient has multiple areas of pain therefore the request for a pain management specialist is appropriate and medically necessary.

Retrospective: Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, Camphor 2.5%, Hyaluronic Acid 0.2% 240gm, apply 1-2gm to the affected area 3-4x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Arch Dermatol Res. 1996 May; 288 (5-6): 245-8. Effect of topically applied menthol on thermal, pain and itch sensations and biophysical properties of the skin, Biol Pharm Bull. 2014; 37(12): 1913-8.Camphor induces cold and warm sensations with increases in skin and muscle blood flow in human and J Eur Acad Dermatol Venereol. 2005 May; 19 (3): 308-18. Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs to the skin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical and Topical analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Retrospective: Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, Camphor 2.5%, Hyaluronic Acid 0.2% 240gm, apply 1-2gm to the affected area 3-4x/day is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of topical hyaluronic acid. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. Additionally, the documentation does not indicate inability to take oral medications. For these reasons the request for this topical analgesic is not medically necessary.

Retrospective: Diclofenac 10%, Gabapentin 10%, Lidocaine 10%, Hyaluronic Acid 0.2%, 240gm, apply 1-2gm to the affected area 3-4x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation J Eur Acad Dermatol Venereol. 2005 May;19 (3): 308-18. Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs to the skin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Retrospective: Diclofenac 10%, Gabapentin 10%, Lidocaine 10%, Hyaluronic Acid 0.2%, 240gm, apply 1-2gm to the affected area 3-4x/day is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of topical hyaluronic acid . The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. Additionally, the documentation does not indicate inability to take oral medications. For these reasons the request for this topical analgesic is not medically necessary.