

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	12/29/2003
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0003739

- 1) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin cream **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Capsaicin cream **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This injured worker is a 57 year old male who injured his back as a result of a slip and fall in 2003. He has low back pain with some radiation into his buttocks and at times into both legs. Acupuncture has afforded him some relief of the pain. Additionally, he takes hydrocodone with acetaminophen 8 to 10 tablets a day. He underwent radiofrequency lumbar facet injection and nerve ablation in December 2012 and on June 18, 2013. He also takes Cymbalta 60 mg, Neurontin, baclofen, asacol, and uses three Lidoderm 5% patches for 12 hours. His diagnoses include: chronic low back pain from lumbar spondylosis with facet joint arthropathy, chronic opioid dependence, and neck and upper back pain.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Capsaicin cream :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, topical analgesics, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 28-29, Capsaicin topical, which is a part of MTUS.

Rationale for the Decision:

This employee receives a number of agents for chronic low and upper back pain, including gabapentin, Cymbalta, topical Lidocaine, hydrocodone and acetaminophen, and baclofen. The medical records provided for review show that the pain does respond to this combination to some degree. Regarding the issue of whether the addition of topical capsaicin can add additional pain relief, given its “moderate to poor efficiency,” a significant benefit (above and beyond what the treatment plan already is achieving) can still occur. Its mechanism of action differs from the other agents and its major potential side effects are limited to irritation of the skin itself. As long as the medical records state that the benefit persists, **the request for Capsaicin cream is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.