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| Case Number: | CM13-0014283 | | |
| Date Assigned: | 10/02/2013 | Date of Injury: | 08/18/2005 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 08/01/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old male who reported an injury on 08/18/2005. The mechanism of injury was multiple motor vehicle accidents. Records indicate that these accidents resulted in injuries to his neck, low back, and shoulders. Treatment for these issues include physical therapy, an arthroscopic surgery to the right shoulder, lumbar epidural steroid injections, and medication management. He has current complaints of chronic neck and bilateral shoulder pain but states that the use of Norco (unspecified strength) is helpful in alleviating some of his discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics for neuropathic pain after first line treatments, to include antidepressants and anticonvulsants, have failed. Capsaicin in particular, is not recommended for use over a 0.025% formulation due

to the lack of evidence of increased benefit. A high concentration of capsaicin such as the 0.075% formulation, is considered experimental in treating chronic back pain but is generally effective in treating post-herpetic and diabetic neuropathy as well as post-mastectomy pain. There are no diagnoses in the patient's medical records to support the use of this 0.075% formulation. As such, the request for Capsaicin cream 0.075% is non-certified.