

Case Number:	CM13-0015301		
Date Assigned:	10/08/2013	Date of Injury:	12/29/2003
Decision Date:	01/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 12/29/2003 from a slip and fall. His symptoms include low back pain with radiation into the buttocks bilaterally. It was noted that an MRI of the lumbar spine had shown evidence of subacute superior compression fracture of the L1 vertebral body and central disc bulging as well as spurring with bilateral L4-5 neural foraminal stenosis. His past treatments include acupuncture, lumbar facet injections and medication management. It stated that he had tried several modalities without much help. It also noted that he had previously tried oral analgesic medications, which were of no benefit, and he had gastrointestinal side effects with oral meds. It was noted that as he had been intolerant of oral medications and as conventional therapy was not helping him much; a request was made to continue topical capsaicin cream. It stated that the current formulation at 0.075% had been helping him; therefore, there is no need to decrease the medication. The documentation also noted that he does experience occasional radiation of his pain into both legs along the posterior aspects, as well as intermittent paresthesias in the lower extremities; and therefore, he had benefited from capsaicin cream, which is indicated for neuropathic pain. He also had not, at this point, reported any side effects with this medication, and he used it only as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream .075%: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The guidelines specify that capsaicin is generally available as a 0.025% formulation and a 0.075% formulation; however, there is no indication that an increase over a 0.025% formulation would provide any further efficacy. It does state that although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. As the patient has been shown to have symptoms related to neuropathic pain, has not responded to previous treatments, has been shown to be intolerant to oral medications and has reported benefit from capsaicin cream; this treatment would be recommended. However, as the guidelines state that there is no indication for an increase over a 0.025% formulation, the request for capsaicin 0.075% is not supported. Therefore, the requested medication is non-certified.