

Case Number:	CM13-0016449		
Date Assigned:	11/06/2013	Date of Injury:	11/13/2003
Decision Date:	06/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 71 year old female who was injured on 11/13/2003 while involved in a motor vehicle accident resulting in injury to upper back, right knee and lower back area. Prior treatment history has included cognitive behavioral therapy. The patient underwent lumbar surgery x 3 in 199, second surgery with [REDACTED] and third surgery 2006 multilevel fusion L2-S1. Progress note dated 10/24/2013 documented the patient to state that she reports no acute changes to her pain condition. She does not feel that the morphine sulfate is enough to cover for her pain. She has been utilizing left over Norco for pain relief in combination with morphine sulfate. She is tolerating her medications generally well does have constipation. The patient denies past medical history of cardiac conditions. She denies past medical history of pulmonary conditions. She denies diabetes. Objective findings on exam included examination of the lumbar spine that reveals tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine is decreased. Sensations are decreased. Motor strength is 5/5 with lower extremities. Current Medications: 1. Capsaicin 0.075% Cream 2. Ketamine 5% Cream 60 gr 3. Baclofen 10 mg 4. Senekot-s 5. Morphine sulfate 6. DSS 100 mg Softgel 7. Gabapentin 600 mg 8. Hcl ER 75 mg 9. Aspirin 81 mg 10. Atenolol 100 mg 11. Hydrochlorothiazide 125 mg 12. Biotin 1,000 mcg Note: DSS is the only change since 09/26/2013, 08/27/2013, and 07/26/2013 visits. Changes or discontinued medication: Changed; morphine sulfate ER 30 mg Diagnoses: Long term use meds nec SCS implant Unspecified major depression Syndrome post-laminectomy lumbar Stenosis spinal lumbar Sciatica Disorder sacrum Treatment Plan: Patient continues to have chronic pain that has been gradually worsening. We will increase her morphine sulfate ER 30 mg one tablet 3 times a day to see if this will benefit her. With respect to Capsaicin cream, per the ODG Guideline, there are positive randomized studies with capsaicin in patients with osteoarthritis, fibromyalgia and chronic non-specific back pain. Patient does use

these topical for her low back with local relief of pain. We do believe this would be appropriate to help in conjunction with her oral medications to reduce her pain and prevent escalation of her opioids.

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 Capsaicin Topical Page(s): 112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. There is no documentation that the patient has had improvement with the topical treatment from prior progress notes (09/26/2013, 08/27/2013, and 07/26/2013). Further, the physician requested capsaicin cream for use on the low back for local relief of pain. The guides state the 0.075% formulation has been primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain; none of which are the reason for the request. Based on the guides and submitted information, the request is not medically necessary.