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| Case Number: | CM13-0016457 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 03/30/2013 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Physical Medicines and Rehabilitation 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 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 33-year-old female who reported an injury on 03/30/2013. The mechanism of injury was not provided for review. The patient was treated conservatively with physical therapy. The patient underwent an MRI of the lumbar spine that revealed disc degeneration at the L4-5 and a disc bulge at the L5-S1. The patient underwent electrodiagnostic studies that revealed there was no evidence of acute or chronic lumbar radiculopathy or peripheral neuropathy. It is documented that the patient is intolerant of anti-inflammatory medications due to severe GI distress. The patient's treatment plan included continued physical therapy and a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Menthol 0.0375%/10% topical ointment to apply two to three times a day to the lumbar spine, 1 month supply: 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): 111-112.

Decision rationale: The requested Capsaicin/Menthol 0.0375%/10%, topical ointment apply two to three times a day to the lumbar spine, 1 month supply is not medically necessary or

appropriate. The clinical documentation submitted for review did not provide a physical examination to support deficits that would require medication management. Although it is noted that the patient has significant GI distress related to medication intake, there are no physical findings to support this subjective statement. California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other types of pain management. Additionally, California Medical Treatment Utilization Schedule states, "There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Although menthol is considered an appropriate topical agent, the 0.037% formulation of capsaicin is not supported by guideline recommendations. As such, the requested Capsaicin/Menthol 0.0375%/10%, topical ointment apply two to three times a day to the lumbar spine, 1 month supply is not medically necessary or appropriate.