

Case Number:	CM13-0021788		
Date Assigned:	12/11/2013	Date of Injury:	04/17/2013
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

Patient is a 56 YO, female with a date of injury of 04/17/2013. Patient has diagnoses of right hip arthritis, right trapezius strain and lumbar disc displacement without myelopathy. Visit note dated 08/13/2013 by [REDACTED] states, patient presents with right upper extremity and lower back pain. Patient notes that her neck and bilateral shoulder pain have improved with ice and heat. Her lower back pain continues to be symptomatic with radiation and radicular symptoms into her right lower extremity. Patient's current medication includes Buprenorphine 0.1mg, Flexeril, Ambien and Vicodin. Patient was directed not to take Buprenorphine and Vicodin together. Patient was given prescription for Capsaicin 0.075% cream to be applied to the affected areas three times a day.

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.

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

Decision rationale: According to the report dated 08/13/2013, patient presents with right upper extremity and lower back pain. Patient notes that her neck and bilateral shoulder pain have improved with ice and heat. Her lower back pain continues to be symptomatic with radiation and radicular symptoms into her right lower extremity. Patient's current medication includes Buprenorphine 0.1mg, Flexeril, Ambien and Vicodin. Patient was given prescription for Capsaicin 0.075% cream to be applied to affected area three times a day. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The patient is on multiple medications and Capsaicin may be indicated to treat this patient's non-specific back pain. MTUS allows Capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis and "non-specific low back pain." However, MTUS considers doses that are higher than 0.025% to be experimental, particularly in high doses. The current prescription at 0.075% is at a very high dose and is not supported by MTUS guidelines. Recommendation is for denial of the request.