

Case Number:	CM13-0037592		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2002
Decision Date:	05/08/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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:

This patient is 65-year-old female with date of injury of 10/25/2002. This patient presents with low back pain which has increased following lumbar RF procedure. Listed diagnoses are pain in thoracic area and disorder of the sacrum, sciatica, post-laminectomy lumbar syndrome, neck pain. Listed medications include morphine sulfate (Avinza), Capsaicin 0.075% to be applied 3 times a day, Lunesta, Synovacin-Glucosamine Sulfate 500 mg, Cymbalta, Ativan, Accupril, Metformin, and VESicare. Treatment appeal letter was reviewed dated 09/26/2013 by the treating physician. He indicates that Capsaicin Cream for chronic nonspecific back pain and Synovacin for joint health as per the ODG Guidelines. The patient continued to report that these medications do help to reduce pain and allow for greater function without side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.075% CREAM, PROVIDED ON JUNE 11, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS, CAPSAICIN Page(s): 29.

Decision rationale: This patient presents with chronic neck and low back pain. The request is for capsaicin 0.075%. MTUS Guidelines allow 0.025% and states that concentrations at higher doses have no proven efficacy. The request as it is, capsaicin at 0.075%, is not supported by MTUS Guidelines. Recommendation is for denial.

SYNOVACIN-GLUCOSAMINE 500MG, PROVIDED ON JUNE 11, 2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING GLUCOSAMINE/CHONDROITIN FOR ARTHRITIC KNEE PAINS:

Decision rationale: This patient presents with chronic pain in the neck, low back, sciatica, and post-laminectomy syndrome. There is a request for Synovacin which is glucosamine sulfate 500 mg. When reading ODG Guidelines, glucosamine sulfate is recommended for moderate arthritis of the knee joints. In this case, the treating physician does not list arthritic knee as one of the diagnoses. The report provided does not include arthritic knee as subjective complaints or as listed problems. Without documentation of arthritis in the knee, glucosamine sulfate is not indicated. Recommendation is for denial.