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| Case Number: | CM13-0051253 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/14/2013 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Internal Medicine and Emergency 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:

This patient is a 45 year-old with a date of injury of 8/14/13. The mechanism of injury was pain in the low back while picking up boxes. A progress report dated 10/22/13 identified subjective complaints of low back pain with tingling into his legs. Objective findings included lumbar paravertebral tenderness and decreased range of motion. Motor function was 4-5/5. There was slight decreased sensation in the L5 dermatome. Diagnoses included chronic lumbar muscle strain with radiculopathy. Treatment recommended was capsaicin cream due to intolerance of anti-inflammatories

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Capsaicin cream (10/7/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents have been used in a topical format; however, they are

recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is documentation that the patient is intolerant of oral therapies due to GI inflammation. Furthermore, Capsaicin has shown success in musculoskeletal conditions. The original denial of services was based upon the premise that capsaicin cream is largely experimental. However, there is some data that it is beneficial in musculoskeletal conditions. Likewise, the patient has been intolerant of other therapy. Therefore, in this case, there is demonstrated medical necessity for capsaicin cream. As such, the request is certified.