

Case Number:	CM13-0051988		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2012
Decision Date:	04/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/23/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 63-year-old male who was injured on March 25, 2012. The patient continued to experience pain in his cervical spine, lumbosacral spine, and right hip. Physical therapy was notable or paracervical spinal tenderness, decreased range of motion of the cervical spine, paravertebral lumbar spinal tenderness, and positive straight leg raise bilaterally. Diagnoses included disc bulge of the cervical spine with degenerative changes, lumbar arthritis and facet arthrosis with central stenosis, right lower extremity radiculopathy, and bilateral foot plantar fasciitis. Treatment included home exercises, physical therapy, medications, and Bio-therm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM (CAPSAICIN 0.002%) 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Capsaicin is a topical analgesic medication. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed.

Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Topical capsaicin has moderate to poor efficacy. In this case, the patient had failed treatment with physical therapy. There is no record that the patient had failed treatment with anticonvulsants or antidepressants. There is no documentation that the patient had failed treatment with chiropractic therapy or acupuncture. Medical necessity has not been established. The request is noncertified.