

Case Number:	CM13-0053831		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2009
Decision Date:	03/13/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic hip pain, chronic knee pain, hearing loss, anxiety, and depression reportedly associated with an industrial injury of July 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 1, 2013, the claims administrator denied a request for Trixaicin cream. A later work status report of December 19, 2013 states that the applicant is off of work, on total temporary disability. On November 15, 2013, the applicant was issued a prescription for oral Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trixaicin HP cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation FDA (Trixaicin); Drugs.com/trixaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in those individuals who have not responded to and/or are intolerant to other treatments. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of the topical capsaicin-containing compound as there is no evidence that the applicant is in fact intolerant to first-line oral analgesics. The applicant is described as using oral Norco without any reported impediment. Therefore, the request for the Trixaicin HP cream is not certified.