

Case Number:	CM13-0054200		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2009
Decision Date:	03/18/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pain Medicine and is licensed to practice in Texas. 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 patient is a 61-year-old female who reported an injury on 08/06/2009. The mechanism of injury was noted to be the patient went into a patient's room and tripped over a phone cord and fell landing on her left side. The diagnoses were noted to be pain in joint shoulder, carpal tunnel syndrome, neck pain, and lumbosacral neuritis NOS. The patient was noted to be treated with TENS, PT, home exercise program, H-wave and medications. The patient was noted to have left shoulder surgery in 02/2010. The patient was noted to have intractable pain secondary to the industrial injury. The request was made for capsaicin cream 0.075%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.075%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical Capsaicin Page(s): 111, 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical Capsaicin Page(s): 111, 28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments...here have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The patient indicated that her pain level was 8/10 on a VAS with pain medications. The patient indicated the pain medications helped improve her pain and function. However, there was lack of documentation of objective functional improvement and exceptional factors to warrant non-adherence to guideline recommendations. There was lack of documentation indicating the patient trialed and failed antidepressants and anticonvulsants and/or was intolerant to other treatments. There was lack of documentation per the submitted request to indicate the quantity of capsaicin cream being requested. Given the above, the request for capsaicin cream 0.075% is not medically necessary.