MAXIMUS Federal Services

Case Number:	CM13-0055689		
Date Assigned:	04/16/2014	Date of Injury:	10/18/2012
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 an employer of [redacted]. who claimed to have neck, shoulder and left upper extremity pain associated with industrial injury dated October 18, 2012. The patient's symptoms were managed with Capsaicin cream 0.075% cream 3x a day, Nabumetone relafen 500mg every 12 hours, Gabapentin tablets 600 mg once a day at bedtime, Buprenorphine 0.25mg 2x a day since May 31, 2013 and were discontinued in August 28, 2013. Cervical Epidural injection was also given dated July 9, 2013. In a utilization review dated October 29, 2013, the proposed request for prescribing Capsaicin cream 0.075% was denied because Capsaicin cream is only adjunct to the first line therapy in chronic pain and progress report failed to provide if the patient failed trials in the first line recommendations of anti-depressants and anticonvulsants given. Review of records submitted 2013 revealed the patient complaining of neck, shoulder, and left upper extremity pain. The medications help with her pain and function, enabling her to perform household cleaning and get restful sleep. Objectively, there was cervical spine tenderness upon palpation along cervical paraspinous muscles with associated muscle tension on left greater than right extending into the bilateral upper trapezius muscles. Range of motion of the cervical spine is decreased by 20% with flexion 40%, with extension and 20% with rotation bilaterally.

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.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, capsaicin cream is only recommended as an option in patients who have not responded or are intolerant to other treatment. In this case, the patient was applying Capsaicin Cream, and in addition taking Nabumetone (Relafen 500mg every 12 hours), Gabapentin tablets 600 mg once a day at bedtime, and Buprenorphine 0.25mg twice a day, since May 31, 2013. However, it was not stated in the progress report if there was significant improvement in pain and function and if patient was intolerant with medications she was taking. Therefore, the request to continue giving Capsaicin cream 0.075% is not medically necessary.