

Case Number:	CM13-0056496		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2011
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 55-year-old female who reported an injury on 09/16/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post anterior and posterior lumbar fusion, multilevel disc protrusion, lumbar facet hypertrophy, lumbar radiculopathy, right shoulder sprain, and gastritis. The patient was seen by [REDACTED] on 11/08/2013. The patient reported intermittent pain in the lower back with radiation to the right lower extremity. Physical examination revealed decreased range of motion, muscle guarding, diffuse tenderness to palpation, weakness, and paresthesia. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPFLEX-MC-MILD-TRAM 20% 120gm (Topical Capsaicin Cream): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific low back pain in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. There is also no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.