

Case Number:	CM13-0068709		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2002
Decision Date:	04/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 Management 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:

This is a male patient with the date of injury of June 12, 2002. A utilization review determination dated November 19, 2013 recommends non-certification of Capsaicin 0.075% cream #1. The previous reviewing physician recommended non-certification of Capsaicin 0.075% cream #1 due to lack of documentation of conditions for which the use of Capsaicin is recommended. A Visit Note dated November 7, 2013 identifies Subjective Complaints of cervical and lumbar spine pain. He has radicular pain in his upper extremities and lower extremities. He is requesting more capsaicin cream that he has used in the past. He found that this was effective. Objective Findings identify spasm and guarding is noted in lumbar spine. Decreased C7, C8 L dermatome. Diagnoses identify lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy. Treatment Plan recommends restarting capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #1 between 11/7/13 and 1/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Regarding request for Capsaicin 0.075% cream #1 between 11/7/13 and 1/13/14, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is mention that Capsaicin was beneficial for the patient in the past. However, there's no indication that the patient has obtained any objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Capsaicin 0.075% cream #1 between 11/7/13 and 1/13/14 is not medically necessary.