

Case Number:	CM13-0068989		
Date Assigned:	01/03/2014	Date of Injury:	08/10/1997
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 55-year-old female with date of injury of 08/10/1997. The listed diagnoses per [REDACTED] dated 11/18/2013 are: 1. Fibromyalgia 2. Carpal Tunnel Syndrome 3. Bilateral knee pain 4. Discogenic syndrome, lumbar 5. Hypertension 6. Depression 7. Iliopsoas muscle spasm 8. Arthritis 9. Myofascial trigger point 10. Vitamin D deficiency According to progress report dated 11/18/2013 by [REDACTED], the patient presents with neck and shoulder pain, worse on the right. She states that MS contin made her violently ill with nausea and emesis. She rates her pain 3/10. She is currently taking Seroquel, Zoloft, Neurontin, Celebrex, Lisinopril, Kadian, Restoril, Dexadrine and Xanax. Physical examination shows neck muscle spasm. Treater is requesting capsaicin 0.0357%, menthol 10%, camphor/tramadol 20% cream for pain relief treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.0357%, MENTHOL 10%, CAMPOR/TRAMADOL 20% CREAM FOR LUMBAR: 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 Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with neck and shoulder pain. The treater is requesting capsaicin 0.0357%, menthol 10%, camphor/tramadol 20% cream for pain relief treatment. MTUS guidelines p111 states for Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." MTUS further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is only an option in patients who have not responded or are intolerant of other treatments. There 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. In this case, capsaicin in 0.0375% formulation and Tramadol are not recommended per MTUS guidelines. Therefore, request is not medically necessary.