

Case Number:	CM14-0000283		
Date Assigned:	01/08/2014	Date of Injury:	09/13/2000
Decision Date:	08/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 underlying date of injury in this case is 09/13/2000. The reference diagnosis is a lumbar sprain. Additional diagnoses include lumbar disc bulge and lumbar disc degeneration. On 08/12/2013, the patient was seen in follow-up by the treating physician and was noted to have constant severe low back pain radiating down both legs increased with sitting, standing, bending, pushing, pulling, or walking. Topical medications were recommended to provide targeted relief and treatment with reduced side effects of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.025% FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website ACOEM-
<https://www.Acoempracguides.Org/Lowback>; Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, states on page 112 regarding

capsaicin that this is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The medical records indicate that this is an elderly gentleman who has tried multiple other medications, and there is an attempt to utilize topical treatment in order to minimize the effects of oral medications. The treatment guidelines state that there are positive randomized studies of capsaicin at the requested concentration for osteoarthritis, fibromyalgia, or chronic nonspecific back pain. The treatment guidelines do support this treatment as an option in this clinical situation, particularly given the patient's age and desire to avoid potential complications of oral medications. This request is medically necessary.